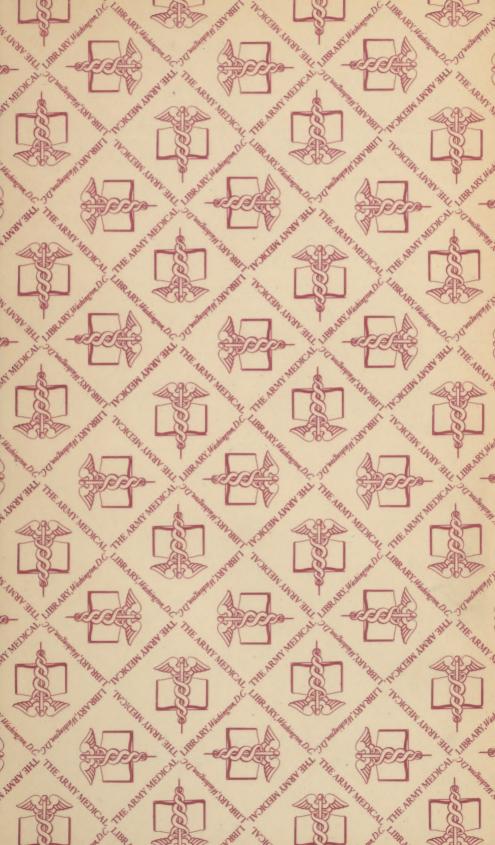
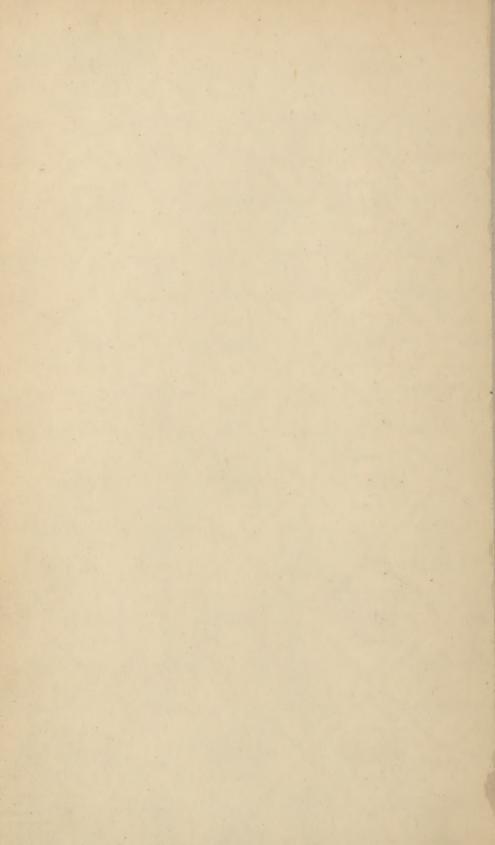
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U.S. Congress. House. Committee

[No. 122]

SUBCOMMITTEE HEARINGS ON H. R. 3215, TO REVISE THE MEDI-CAL DEPARTMENT OF THE ARMY AND THE MEDICAL DEPART-MENT OF THE NAVY. AND FOR OTHER PURPOSES

House of Representatives. SUBCOMMITTEE No. 9, HOSPITALIZATION, HEALTH (MEDICAL CORPS), COMMITTEE ON ARMED SERVICES, Thursday, February 20, 1947.

The subcommittee met at 10 a. m., Hon. Margaret Chase Smith, chairman, presiding.

Mrs. Smith. The committee will come to order.

There are three bills before this committee, as I explained Monday: H. R. 1982, to establish a permanent Medical Service Corps in the Medical Department of the Regular Army;

H. R. 1361, to establish the commissioned grade of Medical Administrator in the Hospital Corps of the Navy, and for other purposes;

H. R. 1603, to establish the Medical Association Sciences Corps in the Medical Department of the Navy, and for other purposes. (H. R. 1982, H. R. 1361, and H. R. 1603 are as follows:)

[H. R. 1982, 80th Cong., 1st sess.]

A BILL To revise the Medical Department of the Army, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Army Medical Department Act of 1947".

MEDICAL SERVICE CORPS

SEC. 1. Effective the date of enactment of this Act, there is established in the Medical Department of the Regular Army the Medical Service Corps, which shall consist of the Pharmacy Section, the Medical Allied Science Section, the Optometry Section, and such other sections as may be deemed necessary by the Secretary of War, and which shall perform such services as may be prescribed by the Secretary of War. The authorized strength of the Medical Service Corps, Regular Army, shall be such strength as may from time to time be prescribed by the Secretary of War. The Medical Service Corps, Regular Army, shall consist of officers in the grades of second lieutenant to colonel, inclusive: Provided, That the number of colonels on active duty in the Medical Service Corps, Regular Army, shall at no time exceed 2 per centum of the authorized Regular Army officer strength of such Corps. officer strength of such Corps.

Sec. 2. (a) From the officers commissioned in the Medical Service Corps, Regular Army, in the permanent grade of major or above, the Secretary of War shall appoint the Chief of the Medical Service Corps, who shall serve as such Chief during his pleasure, and who, if commissioned in permanent grade below colonel, shall, without vacation of his permanent grade, have the temporary rank, pay, and allowances of a colonel while so serving, and who, while so serving, shall be superior in rank to all other colonels in the Corps.

(b) From the officers commissioned in the Medical Service Corps Regular

(b) From the officers commissioned in the Medical Service Corps, Regular Army, the Secretary of War shall appoint such Assistant Chiefs, who shall be Chiefs of Sections, and who shall be consultants to The Surgeon General in activities relative to that specific section.

1947 (c) Unless entitled to higher retired rank or pay under the pay that the served for four years as Chief of each such commissioned officer who shall have served for four years as Chief of each such commissioned officer who shall upon retirement be retired with the rank held while so serving, shall receive retired pay at the rate prescribed by law computed on the basis of the base and longevity pay which he would receive if serving on active duty with such rank, and if thereafter recalled to active service shall be recalled in such rank.

SEC. 3. Except as provided in Public Law 281, Seventy-ninth Congress, approved December 28, 1945, as amended, and except as hereinafter provided for transfer thereto, original appointments in the Medical Service Corps, Regular Army shall be made only in the grade of second lieutenant from citizens of the United States between the ages of twenty-one and thirty years, who possess such physical

and other qualifications as may be prescribed by the Secretary of War.

Sec. 4. Effective from date of enactment of this Act, commissioned officers of the Medical Service Corps, Regular Army, shall be promoted to the grades of first lieutenant, captain, major, and lieutenant colonel as now or hereafter prescribed for promotion of promotion-list officers to such grades respectively. Promotion to the grade of colonel shall be by selection under regulations prescribed by the Secretary of War from officers in the grade of lieuenant colonel with at least one year's service in that grade.

SEC. 5. Effective the date of enactment of this Act, Public Law 281, Seventyninth Congress, approved December 28, 1945, as amended, is hereby further

amended as follows:

(a) Section 5 of said Act is amended by striking out paragraphs (c) and (d)

and inserting in lieu thereof a new paragraph (c) as follows:

"(c) Persons appointed in the Medical Service Corps shall be appointed in grades of second lieutenant, first lieutenant, captain, or major according to the periods of service with which they are credited in the same manner as set forth in paragraph (a) of this section for persons appointed in arms and services of the Regular Army, the officers of which are on the promotion-list.

(b) Section 6 of said Act is amended by striking out from paragraph (b) thereof the words "the Pharmacy Corps" and by striking out paragraph (c) thereof and inserting in lieu thereof a new paragraph (c) as follows:

"(e) In the Medical Service Corps if he would upon appointment receive credit for twenty-three or more years' service under section 5 of this Act."

Sec. 6. Officers of the Regular Army who, on the date of enactment of this Act, hold commissions in the Pharmacy Corps, are, effective the date of enactment. ment of this Act, transferred in grade to the Medical Serivce Corps. Each such officer so transferred shall be reappointed in the Medical Service Corps in the permanent grade held by him at the time of such transfer; shall be credited for the purpose of determining eligibility for promotion, with continuous commissioned service on the active list of the Regular Army in the Medical Service Corps equal to the period of service credited to him for promotion purposes under existing provisions of law, and shall, subsequent to such transfer, be thereafter promoted

in accordance with the promotion system set forth in section 4 of this Act.

Sec. 7. (a) Effective the date of enactment of this Act, the Pharmacy Corps and the Medical Administrative Corps are abolished. The functions of the Medical Service Corps created by this Act shall include the duties and functions heretofore prescribed for the Pharmacy Corps and the Medical Administrative Corps.

(b) Effective the date of enactment of this Act, persons holding temporary appointments or commissions in the Army of the United States permanently assigned or detailed to the Medical Administrative Corps, the Pharmacy Corps, or the Sanitary Corps, shall be automatically transferred and permanently assigned or detailed, as the case may be, to the Medical Service Corps established

the same temporary grade and rank held by them at such time.

(e) The Secretary of War is authorized to prescribe from time to time such regulations as may be necessary for the administration of this Act.

(d) No back pay shall accrue to any person by reason of the enactment hereof.

(e) Effective the date of enactment of this Act, all laws and parts of laws insofar as they are inconsistent with or in conflict with the provisions of this Act are repealed.

[H. R. 1361, 80th Cong., 1st sess.]

A BILL To establish the commissioned grade of medical administrator in the Hospital Corps of the Navy, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That for the performance of medical adminis-

trative and technical duties, the commissioned grade of medical administrator is hereby established in the Hospital Corps of the United States Navy. Officers of the grade of medical administrator shall have the rank of captain, commander, lieutenant commander, lieutenant (junior grade), or ensign. The total number of medical administrators shall not exceed 3 per centum of the authorized

strength of the Hospital Corps, exclusive of personnel herein authorized.

Sec. 2. Medical administrators shall be staff officers and shall be subject to all provisions of law now existing or hereafter enacted relating to the advancement in rank and retirement of other staff officers, with the exception of the provisions of section 2 of the Act of June 10, 1926 (44 Stat. 717), and section 2 of the Act of August 5, 1935 (49 Stat. 530), relating to the composition of selection boards for staff officers. Boards for selection of officers of the Hospital Corps for recommendation for advancement in rank shall be composed of not less than six nor more than nine officers of the Hospital Corps not below the rank of captain: Provided, That in case there be not a sufficient number of officers of the Hospital Corps legally or physically capacitated to serve on such board as hreein provided, officers of the Medical Corps on the active list above the rank of commander shall be detailed to duty on such board to constitute the required minimum membership.

Sec. 3. During the period that appointments to the Regular Navy may be made pursuant to section 5 of the Act of April 18, 1946 (Public Law 347, Seventy-ninth Congress, second session), no appointment to the grade of medical administrator shall be made except in accordance with the provisions of said Act. Of such number that may be authorized by the President for appointment pursuant to said Act, not to exceed 20 per centum shall be from persons who are graduates of recognized schools of pharmacy and not to exceed 15 per centum from persons who are graduates of recognized schools or colleges granting degrees in sciences

allied to medicine other than pharmacy.

Sec. 4. All appointments to the grade of medical administrator, except those provided for in section 3 of this Act, shall be with the rank of ensign from male citizens of the United States who shall not have attained the age of thirty-two on June 30 of the calendar year in which appointed. Of such number that may be authorized by the President for appointment annually, not to exceed 65 per centum shall be from persons serving as commissioned warrant or warrant officers of the Hospital Corps of the Regular Navy, not to exceed 20 per centum from persons who are graduates of recognized schools of pharmacy, and not to exceed 15 per centum from persons who are graduates of recognized schools or college granting degrees in sciences allied to medicine other than pharmacy.

Sec. 5. All appointments to the grade of medical administrator shall be made

by the President, by and with the advice and consent of the Senate.

Sec. 6. No persons shall be appointed pursuant to section 4 of this Act until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy, and if he be a member of the Regular Navy, unless he is recommended for appointment by a commanding officer under whom he shall have served as a commissioned warrant or warrant officer.

Sec. 7. The Secretary of the Navy, under such regulations as he may prescribe, may revoke the commission of any officer appointed pursuant to section 4 of this Act while such officer is serving with the rank of ensign, and any officer whose commission is so revoked shall be discharged from the naval service without advanced pay or allowances: Provided, That any officer whose commission is so revoked and who at the time of his appointment under section 4 of this Act held permanent status as a commissioned warrant or warrant officer may be reappointed by the President without examination to such permanent status with the same lineal position and other rights and benefits which he would have had or would have attained in due course had he not been appointed a medical administrator.

Sec. 8. During such period as the permanent promotion or advancement of officers of the Navy remains suspended pursuant to the Act of June 30, 1942 (56 Stat. 463), medical administrators appointed under section 4 of this Act shall not be assigned running mates as provided in section 7 of the Act of June 10, 1926 (44 Stat. 720); immediately thereafter the Secretary of the Navy shall assign as their running mates such line officers as he may deem appropriate in the then exist-

ing circumstances.

Sec. 9. No officer of the Hospital Corps shall be entitled to command in the line or any other staff corps of the Navy nor shall any officer suffer reduction in pay or allowances by reason of appointment in accordance with this Act.

Sec. 10. (a) The first paragraph under the heading "Hospital Corps", page 572 of volume 39 of the Statutes at Large (Act of August 29, 1916), as amended

by the Act of April 18, 1946 (Public Law 347, Seventy-ninth Congress, second

session), is hereby further amended to read as follows:

"Hereafter the authorized strength of the Hospital Corps of the Navy, exclusive of officers of the commissioned grade of medical administrator, shall equal 3½ per centum of the authorized enlisted strength of the Navy and Marine Corps, and as soon as the necessary transfers or appointments may be effected the Hospital Corps of the United States Navy shall consist of the following grades and ratings in addition to the commissioned grade of medical administrator: Chief pharmacists, pharmacists, and enlisted men classified as chief hospital corpsmen; hospital corpsmen, first class; hospital corpsmen, second class; hospital corpsmen, third class; hospital apprentices, first class; and hospital apprentices, second class; such classifications in enlisted ratings to correspond respectively to the enlisted ratings, seamen branch, of chief petty officers; petty officers, first class; petty officers, second class; petty officers, third class; seamen, first class; and seamen, second class: *Provided*, That enlisted men of other ratings in the Navy and in the Marine Corps shall be eligible for transfer to the Hospital Corps, and men of that corps to other ratings in the Navy and the Marine Corps."

(b) The second paragraph under such heading is hereby amended to read as

follows:

"The President may hereafter appoint as many pharmacists as may be deemed necessary from the ratings of chief hospital corpsman, and hospital corpsman, first class: *Provided*, That no person shall be appointed pursuant hereto until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy: Provided further, That the pharmacists now in the Hospital Corps of the United States Navy or hereafter appointed therein in accordance with the provisions of this Act shall have the same rank, pay, and allowances as are now or may hereafter be allowed other warrant officers'

Sec. 11. The Act of June 10, 1926 (44 Stat. 717), as amended, is hereby further

amended as follows:

(a) In paragraph 1 of section 1, strike out the word "and", and after the word "Dental" insert the following: ", and Hospital";

(b) In the first proviso of paragraph 2 of section 1, strike out the word "or" after the words "Chaplain Corps" and substitute in lieu thereof a comma; and after the words "Dental Corps" insert the following: "or Hospital Corps";

(c) In the first proviso of section 4, strike out the colon after the words "dental officers" and substitute in lieu thereof a comma, and insert the following:

"(h) hospital corps officers:".

SEC. 12. The first sentence of section 6 of the Act of August 5, 1935 (49 Stat. 531), as amended, is hereby further amended by changing the period to a semicolon, and adding thereto the following: "Hospital Corps, two commanders and three lieutenant commanders'

SEC. 13. The Secretary of the Navy is hereby authorized to prescribe the neces-

sary regulations to carry out the provisions of this Act.

[H. R. 1603, 80th Cong., 1st sess.]

A BILL To establish the Medical Associated Sciences Corps in the Medical Department of the Navy, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there is hereby established the Medical Associated Sciences Corps, which shall be a constituent part of the Medical Department of the Navy and which shall consist of not more than two hundred and five officers of the grade of medical associated scientist. Officers of the grade of medical associated scientist shall have the rank of captain, commander, lieutenant commander, lieutenant, or lieutenant (junior grade), and such officers shall be part of the authorized strength of the various corps of the Medical Department as now exist or may hereafter be established.

SEC. 2. Medical associated scientists shall be staff officers and shall be subject to all provisions of law now existing or hereafter enacted relating to the advancement in rank and retirement of officers of the Medical Corps. No officer of the Medical Associated Sciences Corps shall be entitled to command in the line or any other staff corps of the Navy, nor shall any officer suffer reduction in pay

or allowances by reason of appointment in accordance with this Act.

Sec. 3. All appointments to the grade of medical associated scientist shall be made by the President by and with the advice and consent of the Senate, and shall be from male citizens of the United States who shall have received a doctorate degree in such sciences related to medicine that the Secretary of the Navy shall determine.

SEC. 4. During the period that appointments to the Regular Navy may be made pursuant to section 5 of the Act of April 18, 1946 (Public Law 347, Seventyninth Congress, second session), no appointment to the grade of medical associated scientist shall be made except in accordance with the provisions of that Act.

Sec. 5. All appointments to the grade of medical associated scientist, except those provided for in section 4 of this Act, shall be within the rank of lieutenant (junior grade) from male citizens of the United States between the ages of twenty-one and thirty-two years. No person shall be appointed pursuant hereto until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy.

Sec. 6. During such period as the permanent promotion or advancement of officers of the Navy remains suspended pursuant to the Act of June 30, 1942 (56 Stat. 463), medical associated scientists appointed under section 5 of this Act shall not be assigned running mates as provided in section 7 of the Act of

June 10, 1926 (44 Stat. 720).

Sec. 7. The Secretary of the Navy is authorized to prescribe such regulations

as may be necessary for the administration of this Act.

Mrs. Smith. The departments have advised that these, like the Nurse Corps bills, are important, as they will make permanent, wartimt measures; and until there is permanent legislation, valuable personnel—which is essential to the services—is leaving.

As I read these measures, I gather that the Army and the Navy are endeavoring to accord recognition to various professions. Because

these measures are qute similar, they are grouped together.

This morning our first witness will be from the War Department— Gen. Norman T. Kirk, Surgeon General of the Army, with him are

Col. J. H. Michaelis, Col. F. P. Kintz, and Mr. J. K. Raker.

Upon the completion of their testimony we will hear statements of others who desire to be heard by the subcommittee. We hope to give everybody who has something to contribute an opportunity. There will be a pad on the desk for anyone who wants to register and file his statement but not present it. Because of the House session being called at 11 o'clock, the hearing will extend over until tomorrow morning, and if it is necessary, we might extend it to Saturday morning to accommodate those who are from out of town.

We will hear General Kirk on H. R. 1982.

STATEMENT OF MAJ. GEN. NORMAN T. KIRK, THE SURGEON GENERAL OF THE ARMY (ACCOMPANIED BY COL. J. H. MICH-AELIS, PERSONNEL AND ADMINISTRATION; COL. F. P. KINTZ, SURGEON GENERAL'S OFFICE; AND J. K. RAKER, LEGISLATIVE LIAISON DIVISION, WAR DEPARTMENT)

General Kirk. I have a prepared statement, Madam Chairman. Shall I read that?

Mrs. Smith. If you please.

General Kirk. 1. Introduction: The mission of the Medical Department is the treatment of the sick and injured, and the preservation of health in conservation of the strength of the military forces entails the performance of numerous duties which do not require the application of professional technical training in medicine, dentistry, or veterinary medicine. These duties, such as certain phases of medical supply, personnel management, laboratory investigation, psychiatric social work, clinical psychology, sanitary engineering,

and others, can be performed adequately by scientific specialists

and skilled administrative personnel.

It is proposed to establish in the Medical Department of the Regular Army a medical service corps with a reserve component, which will be composed of pharmacists, sanitary engineers, optometrists, psychologists, bacteriologists, business administrators, and similar skills, all of which have served with the Medical Department. Experience during World War II demonstrated the advisability of including these scientific and highly trained specialists of the Medical Department in a single corps.

I might state that we had some 22,000 of those people working with us during the war. Some eighteen to twenty thousand went through officers' training school. Many were used in our hospitals to relieve the use of doctors for certain work that these particular people were trained to do. They did a splendid job, and we wouldn't have been

able to carry on without them.

2. Historical orientation: The Medical Department of the Regular Army at the present time consists of the following male corps: Medical Corps, Dental Corps, Veterinary Corps, Medical Administrative Corps, and Pharmacy Corps.

The Medical Service Corps would replace the Medical Administrative Corps and Pharmacy Corps of the Regular Army, and the Sanitary Corps, Medical Administrative Corps, Pharmacy Corps of the Organized Reserve Corps. The Medical Administrative Corps was established by act of June 4, 1920 (49 Stat. 1902), for the purpose of providing a corps of officers whose primary function was performing medical administrative work. This law provided that the officers of the Medical Administrative Corps would be appointed from enlisted men who had served in the Medical Department. By the act of June 20, 1936 (49 Stat. 1902), as amended, the composition of the Medical Administrative Corps was changed and it was required that appointment be made from among graduate pharmacists. act of June 12, 1943 (57 Stat. 430), a Pharmacy Corps was established in the Regular Army, and although the Medical Administrative Corps was not abolished, it was provided that officers holding commissions in the Medical Administrative Corps would be transferred to the Pharmacy Corps. The Medical Administrative Corps was thus left without personnel.

The Pharmacy Corps was established by the act of June 12, 1943 (57 Stat. 430; 10 U.S. C. 131), had an authorized strength of 72 offi-Although the strength of the Medical Service Corps is not specifically prescribed in the proposed bill, its personnel would be a part of the maximum Regular Army officer strength of 50,000 authorized by Public Laws 281 and 670, Seventy-ninth Congress. The number of officers alloted to the Medical Service Corps would be determined from time to time by the Secretary of War. These officers would be in grade of second lieutenant to colonel, and the number of colonels on active duty would be limited to 2 percent of the author-

ized strength of the corps.

Sections would be established in the Medical Service Corps corresponding to the skills of the persons appointed. The proposed legislation specifically provides for a Pharmacy Section, Medical Allied Science Section, and an Optometry Section. Other sections would be established from time to time by the Secretary of War in accordance with the needs of the Army. It is not believed to be advisable to establish these skilled groups in separate corps. Such action would result in considerable duplication of functions and loss of administrative efficiency, already in variance with current War Department plans for consolidation and streamlining. The grouping into a single corps will allow for a better and more economical utilization of these highly trained individuals and their various skills.

We see a counterpart of that as we set up our Medical Corps. A doctor known as 3100, he is only a doctor, but we have many specialists, and they are given additional numbers, according to their ability in that specialty in our Medical Corps, as to what they are qualified to do. Every doctor can't operate on the brain, for instance, or take

out a stomach.

The total number of officers in the Pharmacy Corps, Medical Administrative Corps, and Sanitary Corps, both Army of the United States and Regular Army, as of January 1, 1947, was approximately 3,200.

3. Composition of Medical Service Corps: The present Regular Army Pharmacy Corps authorized by Act of July 12, 1943 (57 Stat. 430), was authorized 72 officers. Its actual strength prior to passage of Public Laws 281 and 670, Seventy-ninth Congress, was 62 officers. During the integration authorized by Public Law 281, 488 officers were commissioned in the Pharmacy Corps, using it as a vehicle for integration pending enactment of legislation establishing the Medical Service Corps. The same integration process under Public Law 670, is being carried out. At the present time, the strength of the Pharmacy Corps is 555 officers. These officers will be transferred without loss of grade or rank to the Medical Service Corps, when established. Except for integration, appointments and transfers from the Pharmacy Corps, appointments in the Medical Service Corps will be made in the grade of second lieutenant from citizens of the United States between 21 and 30 years of age, who possess the necessary qualifications as prescribed by the Secretary of War (graduates of approved schools of pharmacy or graduates of schools or colleges conferring degrees in sciences allied to medicine).

4. Appointment of Chief and Assistant Chief: The Chief of the Medical Service Corps would be appointed by the Secretary of War from officers in the Corps in the grade of major or above. The Chief would have the temporary rank of colonel, would be the senior colonel in the Corps, and would serve during the pleasure of the Secretary of War. The Chief of the Corps would be assisted by Assistant Chief selected by the Secretary of War, from among the members of the Corps. Each of these Assistant Chiefs would be the head of a section in the Corps and would be consultants to the Surgeon General, on

technical matters peculiar to the specific section.

5. Promotion and retirement: Promotions up to and including the grade of lieutenant colonel would parallel the promotion list of the line schedule which presently requires 3, 10, 17, and 23 years of service for promotion to first lieutenant, captain, major, and lieutenant colonel, respectively. Promotion to colonel in the Medical Service Corps would be based upon the same requirement as to length of service for promotion to colonel in the promotion list arms and services, presently 28 years, but would be made by selection and not automatically. The promotion system in the Medical Service Corps would apply to all officers in the corps, whether they were originally inte-

grated in the Medical Service Corps or transferred to the corps from

the Pharmacy Corps.

As I stated at our last hearing before this committee there is a new proposed promotion schedule which is planned and which will be presented which would be applicable to this corps if and when it is passed by this Congress.

The Chief of the corps would be retired after 4 years of service in that position with the rank of colonel, and would receive retirement pay based upon his base and longevity pay in that rank. The retirement of other officers of the Medical Service Corps would be governed

by the laws applicable to Regular Army officers, generally.

6. Cost: Since the personnel of the Medical Service Corps was included in the authorized personnel of the Regular Army, the establishment of the corps would not entail any additional expense to the Government. The officers to be appointed to the Medical Service Corps would perform their functions in some other branch of the Army, if the Medical Service Corps were not established. The bill, therefore, would not result in any added cost to the Government.

7. Conclusion: The grouping of these highly skilled and especially trained individuals into one corps without lessening their individual responsibilities will enable the surgeon general to utilize more effectively and economically these skills and training to the better

advantage of the Medical Department and the Army.

The establishment of a Reserve component will make possible the commissioning of a large group of individuals in a branch of the service paralleling their civilian occupation and thus establish a readily available source of trained, skilled manpower for use in any future emergency.

Mrs. Smith. Thank you, General Kirk. That seems to be a very

excellent statement—a very complete statement.

Mr. Gavin, have you any questions?

Mr. Gavin. I was wondering, Madam Chairman, what action was taken on the Nurse's bill relative to male nurses. What was the action on that?

Mrs. Smith. May I talk with you on that later?

Mr. GAVIN. All right. Thank you.

Mrs. Smith. Do you have any questions?

Mr. GAVIN. No.

Mrs. Smith. Mr. Durham.

Mr. Durham. I pass for the present, Madam Chairman.

Mrs. Smith. Mr. Philbin.

Mr. Philbin. General, how are you going to work out the Optometry Corps under this proposed new grouping?

General Kirk. It is set up as a section of that Corps. [indicating

chart.

Mr. Philbin. Of how many members, approximately?

General Kirk. We have figured out approximately how many we

need of each group.

Mr. Philbin. And will the same rule be applicable to that Corps as of the other Corps? That is, you have commissioned officers, officers of commission rank?

General Kirk. That is right.

Mr. Philbin. And then enlisted personnel?

General Kirk. Enlisted personnel will be a part of the Medical Department of the Army. They won't be a part of this Corps [indicating chart].

Mr. Philbin. But you have provision for commissioning officers in

that Optometry Section?

General Kirk. Yes, sir; according to the needs. What we need out of the total number of officers allowed to us. A certain proportion will be in these various sections as we find our needs. We have an analysis of what we believe those needs are. That may have to be switched from time to time from experience.

Mr. Philbin. I take it that your objective is to gather together these various people for the purpose of effecting administrative

efficiency and economy?

General Kirk. Yes. As I tried to point out before, we have many different specialists even in the Medical Corps. Each man here will have a number as to his special qualification, as a part of this whole Corps, but he is still under that section.

Mr. Philbin. So that under this system you will have grouped under one administrative control all the various corps having to do

with the Medical Service Corps?

General Kirk. That is correct. For instance, in each hospital there will be a certain number of people from the first section, Pharmacy, from the Medical Allied Science Section there would be laboratory people working in that hospital, but we would have no use there for a sanitary engineer, he would be out in the field.

Mr. Philbin. I am very much impressed with your statement. I think it is excellent. I think the objectives of the bill are admirable.

General Kirk. Thank you. Mrs. Smith. Mr. Rivers.

Mr. RIVERS. I would like to defer for the moment, Madam Chairman.

Mrs. Smith. Mr. Durham.

Mr. Durham. General, of course, this abolishes the present laws applicable?

General Kirk. Yes.

Mr. Durham. What is the objection at the present time to carrying this Medical Allied Service Section and the Optometry section under the present Corps for Pharmacy. What is the chief objections to it at this time?

General Kirk. You mean to put the Allied Section and the Op-

tometrists in the Pharmacy Corps?

Mr. Durham. Yes.

General Kirk. Well, the Pharmacy Corps bill limits the members of the Corps to graduates in pharmacy. It limits the number of people in that Corps to 72. And it wouldn't be a Pharmacy Corps if we had the Allied Sciences in it and also the optometrists.

Mr. Durham. What about the Reserve section?

General Kirk. There isn't any Reserve section set up, for the moment, for the whole Army, to speak of. Every officer who holds a commission still holds that commission until the war is over, plus 6 months. Some have elected to transfer to the Reserve where the Reserve has been set up. The War Department is now planning to set up Reserve complements in all these corps.

Mr. Durham. If the Reserve section had been set up, wouldn't your integration problem be far less than under the present status of

General Kirk. No, sir; it wouldn't.

Mr. Durham. You would have about the same problem? General Kirk. It didn't matter whether a fellow was in the Reserve. We would take from the people in the Army those who applied for commissions and the best, and only the best that we wanted to use from all these officers, these 22,000 that served in these various corps during the war.

Mr. Durham. This act doesn't make provision for ROTC training

in colleges?

General Kirk. That is another act—under ROTC's.

Mr. Durham. It is possible to draw in colleges.

General Kirk. If Congress appropriates enough money, yes. Mr. Durham. In this section, the so-called Pharmacy Section there, who is going to be the Chief of that section? Is he going to be a pharmacist?

General Kirk. The Chief of this Pharmacy Section will be a

pharmacist.

Mr. Durham. Of the section?

General Kirk. Yes, sir.

Mr. Durham. As far as the head of the whole corps, it can be either a doctor, pathologist, pharmacist, or any member of this corps?

General Kirk. It couldn't be a doctor, because there are no The best man in this corps—who the Secretary of doctors in there. War thinks is the best man—will be the top man of the corps.

Mr. Durham. He will be picked on a selective basis?

General Kirk. Yes.

Mr. GAVIN. Will he be a pharmacist?'

General Kirk. No; this [indicating pharmacy section] will be headed by a pharmacist. This [indicating optometry section] will be headed by an optometrist. But the Chief of the corps may come from any section of the corps. He may be a pharmacist.

Mr. Durham. In other words, any member of that corps will have

the opportunity to head it?

General Kirk. Yes, sir; the same as every doctor has a chance to

be The Surgeon General.

Mr. Durham. Of course, the promotions and retirements will follow the laws as they exist at the present time?

General Kirk. Yes, sir.

Mr. Durham. Each one of these men will retain the same privileges as they have at the present time as far as time is concerned?

General Kirk. Yes, sir. Mr. Durham. I believe that is all the questions at this time, Madam Chairman.

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. General, to get this straight in my own mind, the

Chief of this section will be a permanent major?

General Kirk. No; they are selected from the majors or lieutenant colonels of the whole corps and will be promoted and made full colonel for 4 years detail as Chief of the corps.

Mr. RIVERS. And all of the subsequent holders of that job?

General Kirk. Yes, sir.

Mr. RIVERS. Now, the Chief of this corps will be responsible to one man in the Army, that is The Surgeon General?

General Kirk. Yes, sir.

Mr. RIVERS. Now, would you mind explaining to the committee the extent to which you have been able to reconcile the formerly existing difficulties between these various professions? For instance, pharmacy, reconciling the differences and bringing out finally a proposal of this nature. Take, for instance, the pharmacists. Are you and they and their representatives in agreement? That is, the national organization. Tell us how you stand.

General KIRK. Their group met with me in my office a few days ago, after they sent a letter asking that certain changes be made in this bill to meet their requirements, and we went over it and made those changes in this bill, the changes that they suggested, and as I understood it, we were more or less in agreement. I haven't anything in writing back from them. As we take up this bill section by section we can point out the changes that we made as they requested in the various paragraphs of this letter that they wrote to us. So as far as I know the pharmacy group, the national group of pharmacists after that discussion, I take it that we have met their objections and believe that we will have their support, from what they told us.

Mr. Rivers. There has been an effort to work this thing out within

the professions, with the Army?

General Kirk. We have been working on this since a year ago November, sir.

Mr. RIVERS. And the same thing goes for these other people?

General Kirk. We have worked with them, too. I think the optometry group are in full accord with what we have. I think there is someone here representing them. As far as the Medical Allied Science group is concerned, I can't say we are, from what I have heard from them—they want their people to come in in higher grades and go into higher places than the rest of the people in the group.

Mr. RIVERS. What is the reason, that they have high degrees? General Kirk. They may have, but still if we take into that corps a graduate, after he has finished his B. S. degree, or an engineer, we bring them in this corps as West Point cadets are brought in, and we would train that man as an officer of the Army, he would finish his master's or doctor's degree, the same as a cadet goes to MIT to be trained as an engineer, for instance. The cadet that graduates from West Point and goes into the Engineer Corps isn't a finished engineer. The Army has always taken in young men after they have finished their Army course. We take in doctors that have finished an intern-None of them are specialists yet. We have specialists in the Medical Corps.

Mr. Durham. May I ask a question? Mr. Rivers. Yes.

Mr. Durham. Under this, would it be necessary for each individual then to hold a college degree?

General Kirk. Yes, sir, it would.

Mr. Durham. Whether it is pharmacy or something else?

General Kirk. Any man who comes in after integration will have

to have a college degree, sir.

Mr. RIVERS. Now, as Mr. Durham has brought out, this corps that you present to the committee will give you a better opportunity to

train people properly in their respective professions to better serve the Army in the field which they select. A pharmacist will have what, 4 years?

General Kirk. Yes.

Mr. Rivers. What about a sanitary engineer, what is his back-

General Kirk. Well, it is 4 years, and then he may take further training after that to get a master's, or what not, in engineering.

Mr. RIVERS. What does he take in school?

General Kirk. He takes a B. S. degree, majoring in sanitary engineering in his 4 years in college.

Mr. RIVERS. And the optometrist takes 4 years, too?

General Kirk. I believe so, yes.

Mr. RIVERS. And this will give you an opportunity to train those people. A second lieutenant will be integrated into the Army way of doing things, he will start in this corps, and will run along with the selective system of the Army the same as in other corps?

General Kirk. Yes.

Mr. RIVERS. And he will have a chance ultimately, from these varied groups, to become finally a lieutenant in the Regular Army Medical Service Corps, heading the combination of these three corps?

General Kirk. Some man will be heading it—a colonel. Mr. Rivers. I meant to say a colonel. Did I say lieutenant?

General Kirk. Yes.

Mr. RIVERS. He will head these three corps?

General Kirk. That is correct.

Mr. RIVERS. And he will be responsible to one man in the Army, that is the Surgeon General?

General Kirk. That is correct.

Mr. RIVERS. That is a splendid objective, sir.

General Kirk. We have never had an opportunity to have a corps like this before. We had the Medical Administrative Corps after World War I. They were taken from commissioned officers. They didn't have the educational background and the corps folded up because it wasn't doing well as a corps.

Mr. Durham. You stated that the necessity for this legislation, was, in effect, that the Pharmacy Corps at the present time is entirely filled up. Are we going to be able to get enough trained personnel to

fill the demands as set up in your chart here and in the bill?

General Kirk. We don't want to fill this corps entirely by integra-We want to leave spaces at the bottom of it for second lieutenants, for graduates of schools, to come in. From integration, say we fill 75 percent, and leave spaces. Say we authorized a thousand officers for this corps out of that 50,000 officers that the Congress has authorized. We wouldn't want to fill more than 800 out of that group of people that served during the war from integration.

Mr. Durham. That is, if you did adopt some ROTC training, you would have a place where you could integrate them into this corps?

General Kirk. That is correct, and in the future it is our plan, if we have enough pharmacy graduates, to fill all this pharmacy section, to fill it with pharmacy graduates.

Mr. Durham. As your applications stand today—of course, this thing has been promoted for some time—have you at the present time applications sufficient to integrate these people into the corps?

General Kirk. We could fill this corps right now, but it wouldn't be filled with pharmacists.

Mr. Durham. What is your percentage there of officers in the

pharmacist section?

General Kirk. We have integrated into the Pharmacy Corps 555 officers plus those that are in the Pharmacy Corps. Now, out of those there are 555 in the Pharmacy Corps as the result of this integration. That includes those in the Medical Administrative Corps, plus the officers that were in the Pharmacy Corps.

Mr. Durham. What percentage is pharmacists, may I ask?

General Kirk. There are 70 graduates pharmacists in this group

of 555 people.

Mr. Durham. Could you write those down, put them in breakdown form, put it in the record this morning? I mean, break that section down as to what percentage is pharmacy and what is some-

thing else?

General Kirk. No; I can't. I haven't that here. These are the men that served in this Medical Administrative Corps and served in the Sanitary Corps, those 22,000 that did such a splendid job for the Medical Department, and General Eisenhower said that if any officer was able to serve in the war, and had the proper efficiency report, if he were good enough to fight in the Army during the war. he was good enough for the peacetime Army. We are putting in administrators. We will have a statement here to show that the pharmacists will have to be trained in the future, that come into fill these jobs, where these men have carried on excellently during the war.

Mr. Durham. You think you will get enough pharmacists?

General Kirk. I hope so. We are not getting enough doctors.

Mr. Durham. You say there are 555?

General Kirk. 555 officers have been commissioned in the Pharmacy Corps, of whom 70 are pharmacists.

Mr. Durham. Of the whole group?

General Kirk. Yes.

Mr. Durham. Who will be transferred into the corps? General Kirk. Yes.

Mrs. Smith. How many pharmacists do you need under the

proposed strength?

General Kirk. We are not using these people primarily as pharmacists, to do a job as a pharmacist in a given hospital. I believe we have enough pharmacists now, but our idea is, as to how we would use these pharmacists, is on an administraive job, and other things, and not purely as a pharmacist. We could never use 550 individuals as pharmacists doing nothing but pharmacy in the Army. There wouldn't be jobs for them. And we propose, as we can show you here, jobs to be accomplished by the corps, in which pharmacy plays its part. Where is that press release?

Mr. RIVERS. Are you going to put it in the record?

General Kirk. May we read this, or put it in the record, as to what we propose to use the pharmacists for in this corps?

Mr. Durham. That outlines the duties? General KIRK. Yes, sir; may I read that?

Mrs. Smith. Yes.

General Kirk. That is a War Department press release as of July 5, 1946.

Colonel Kintz (reading):

WAR DEPARTMENT PUBLIC RELATIONS DIVISION

PRESS SECTION

For release in A. M. papers, Friday, July 5, 1946

ADDITIONAL DUTIES PLANNED FOR PHARMACY CORPS OFFICERS

Additional duties for pharmacists in the Army Medical Department were outlined today in plans submitted to the War Department General Staff by Maj.

Gen. Norman T. Kirk, The Surgeon General.

In General Kirk's plan legislation will be sought to organize a Medical Service Corps which will place Pharmacy, Sanitary, and Medical Administrative Corps under one table of organization. Provisions are made for a pharmacists officer to serve in the office of The Surgeon General. That officer will act as advisor to The Surgeon General on all pharmacy matters and will direct pharmaceutical activities of the Medical Department.

activities of the Medical Department.

Utilizing pharmaceutical training and aptitudes to the utmost, pharmacists officers will be charged with the purchase, examination, shipment, storage, and standardization of the drugs and medical supplies required by the Army. They will coordinate the preparation of supply tables and aid in preparation of standardization.

ards of drugs and medical supplies.

In command functions, they will be placed in charge of all types of medical supply depots as well as subordinate positions in the depot. And they will be named assistants to surgeons in battalions and regiments, as commanders of headquarters and medical battalion units, adjutants, medical and general supply officers and laboratory officers in medical and general laboratories.

No little part of their future duties will be instructing at training schools. Pharmacy officers will be especially sought in Regular Army commissioned ranks for duty in the postwar Army which will require three officers of their capabilities

for every thousand men.

It is thought that additional duties given pharmacists will release other Medical

Department officers from administrative duties.

Further, pharmacists will be qualified to serve in multitudinous hospital capacities as pharmacy officer, executive officer, adjutant, supply officer, mess officer, registrar, evacuation officer, hospital detachment commander, and detachment of patients commander. They will compound and dispense medicines in units as large as general hospitals and hospital centers.

In combat organizations, the pharmacists will assume more authority than ever before. They will serve as medical and general supply officer, to medical groups

and battalions and command ambulance units.

In procurement jobs they will deal with contracts, purchase, inspection, shipment, storage, testing, and standardization of medical equipment. Further, pharmacists are playing vital roles in administrative positions in the office of the

Surgeon General.

General Kirk stated that pharmacy officers will receive the same pay, emoluments, and retirement benefits as other officers of similar grade and length of service of the Regular Army. Promotions in field grades will, as in the case of other branches, be consistent with the needs of the service.

Mr. Rivers. Now, let me ask you: a pharmacist in charge of that section, that says he shall be responsible to the Surgeon General, he won't bypass that chief up there of the Medical Service Corps?

General Kirk. Yes, he can. We don't run quite that tight of an

organization.

I have a consultant in psychiatry, I have a consultant in physical medicine, many others, all grouped together, to advise the whole office. Likewise, this man that heads up the Pharmacy Section will give out advice to our supply men, to me, and as we did during the

war, we had a sanitary engineer in the office who was in the Preventative Medicine Section, that had to do with those people, sanitary engineers, advising as to their capacities, and so forth, so the whole group worked together. It isn't a command thing as with the Army in the field.

Mr. RIVERS. I don't question your sincerity. As far as I know you have done a good job. But if you should have cross purposes between the medical service man and the chief of any one of those sections, you would have to have a pretty clearly delineated directive to keep from having a headlong run-in between these various subheads, and as would your successor in office. I do think it is a good objective, but I don't think that press release carries out exactly what this bill proposes.

General Kirk. Well, this press release wasn't supposed to cover everything the bill proposes. It showed how we proposed to use graduates of pharmacy if they elected to come into this corps and the training we would give them for the jobs they would do. The steering committee on status of pharmacists in Government service wrote the blueprint for this, as to where they should be used, and we

concurred.

Mr. RIVERS. You will not use pharmacists exclusively doing pharmaceutical work?

General Kirk. We couldn't. We couldn't use that many people doing pharmaceutical work.

Mr. RIVERS. And the same for the other groups?

General Kirk. Yes.

Mr. RIVERS. What about your eye men?

General Kirk. They can't do anything except fit specks.

Mr. RIVERS. Can you give the estimated number you expect to start with in the respective groups?

General Kirk. Percentage-wise we figure that 60 percent of the corps will be in this [indicating] group.

Mr. RIVERS. That will be how many?

General Kirk. That will be, say, it is a thousand people, that is 600.

Mr. RIVERS. Based on the estimated strength of the Army?

General Kirk. We are authorized 50,000 officers. According to what the Secretary of War determines to be satisfactory, if he determines a thousand of those specialists is to be filled up with officers of this corps, 60 percent, or 600, then would be in the pharmacy section, about 38 percent, as we estimated here, would be in the allied science section, and 2 percent of the optometrists. That is our estimated requirement, by our statistician, who has followed this thing through for 4 years.

Mr. RIVERS. Is it not your intention to keep them at full strength because the desire is to keep the bottom places vacant and bring in

the new men?

General Kirk. Beginning a year from June we will be taking in graduates of pharmacy schools into this corps.

Mr. GAVIN. Madam Chairman, I move that we adjourn to meet

at the call of the Chair.

Mrs. Smith. The Chair wishes we could finish with General Kirk's general statement or the questioning, as the general has to be away tomorrow.

Mr. Durham. We could call General Kirk back later.

Mrs. Smith. Is that the desire of the committee?

Mr. Rivers. I move, Madam Chairman, that we stay in session

until the bell rings.

Mrs. Smith. There is a very important bill under consideration today. I think the members are quite anxious to get to the floor. General Kirk, I hear that you are to receive a degree at Columbia University, New York, tomorrow. Congratulations. Columbia University shows excellent judgment in awarding honorary degrees. One for you is no exception. You deserve this recognition. General, we wish you the best there is, and come back and tell us about it.

Mr. SMART. I would like for all witnesses to sign a pad which I will

leave here so that the record will show that you have been here.

Mrs. Smith. All will be heard if they desire to be heard. The pad is only for those who think now they don't want to come back.

Without objection, the committee will adjourn until tomorrow

morning at 10 o'clock.

(The list above referred to is as follows:)

Robert L. Swain, editor, Drug Topics, 330 West Forty-second Street, New York, N. Y. A. G. Dumez, dean, School of Pharmacy, University of Maryland, 32 South

Greene Street, Baltimore, Md.
Robert P. Fischelis, secretary, American Pharmaceutical Association, 2215
Constitution Avenue NW., Washington, D. C.

Arthur H. Einbeck, chairman, Committee on Pharmacists in Government Service, and representing American Pharmacist Association, National Association Retail Druggists, NABP, American Association, College of Pharmacy, 6024 Bergenline Avenue, West New York, N. J.

H. R. 1982

House of Representatives, COMMITTEE ON ARMED SERVICES, - SUBCOMMITTEE No. 9, HOSPITALIZATION, HEALTH (MEDICAL CORPS), February 26, 1947.

The subcommittee met at 10 o'clock, Hon. Margaret Chase Smith (chairman) presiding.

Mrs. Smith. The committee will come to order.

On February 20 we started hearings on H. R. 1982.

We have a number of people who want to be heard on this bill and as some have come from outside of the city we will hear them first.

I want to call the attention of the witnesses to the rules of the committee about copies of their reports. I have not seen any reports coming in, and we should have them at least a day before the hearing. If of more than two pages, we ask you to summarize your statement for the committee hearing and file the rest for the record. This will enable us to ask questions on the complete report.

We will first hear Arthur H. Einbeck.

STATEMENT OF ARTHUR H. EINBECK, WEST NEW YORK, N. J., CHAIRMAN OF THE COMMITTEE ON PHARMACISTS IN GOVERN-MENT SERVICE, AND REPRESENTING AMERICAN PHARMACEU-TICAL ASSOCIATION, NATIONAL ASSOCIATION OF RETAIL DRUGGISTS, AND AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

Mr. Einbeck. Madam Chairman and members of the committee, I am here as a representative of the pharmaceutical organizations of the United States. We are interested in this bill because it affects the practice of pharmacy in the Army and it also seeks to take the place of the Pharmacy Corps, which pharmacists generally in the country have felt would handle most of the problems which are covered in the Medical Service Corps bill.

My committee represents the three national pharmaceutical organizations, the American Pharmaceutical Association, the National Association of Retail Druggists, and the American Association of Colleges of Pharmacy, which represents the colleges which are recognized by the American Council of Pharmacy Education, which number about 67, and the National Association of Boards of Pharmacy, which is the law-enforcement group of pharmacy in the United States.

We are interested in this bill because, as I said, it seeks to regulate the practice of pharmacy in the Army and also to present opportunities for pharmacists to serve their country in time of war. We are empowered to speak for our group and we are also empowered to make such compromises or adjustments as would suit our program to the

needs of the armed forces.

I have with me today several representatives of these organizations whom I ask you to hear very briefly, one of which is Dr. Robert L. Swain, who is the editor of Drug Topics, a national drug publication reaching all of the pharmacists of the United States biweekly. He is a past president of the American Association, the National Board of Pharmacy, and he is their representative on the committee. He is also a member of the Council of the American Pharmaceutical Association and a man of high repute and very highly respected in the profession.

Also, Dr. A. G. Dumez, dean of the University of Maryland School of Pharmacy. Dr. Dumez is a member of the Executive Council of the American Association of Colleges of Pharmacy and he is also a member of the Council of the American Pharmaceutical Association.

And then there is Mr. George Frates, who is the representative of the National Association of Retail Druggists, which comprises among its membership some forty or fifty thousand-odd pharmacists throughout the United States.

I will ask these men to, briefly, present our case to you, and I know that either they or I will be glad to answer any questions.

I will ask you to listen to Dr. Swain at this time.

Mrs. Smith. Dr. Swain.

STATEMENT OF ROBERT L. SWAIN, EDITOR, DRUG TOPICS

Dr. Swain. Mødam Chairman---

Mrs. Smith. Before the witness begins has he copies of his statement for the members of the committee?

Dr. Swain. I have a few copies. I will leave those statements

with you.

Mrs. Smith. The reason for the request for the statement is so that the committee can follow it. It is easier to follow the testimony if

we have the statement before us.

Dr. Swain. At the outset, Madam Chairman, it should be stated that a Pharmacy Corps in the United States Army has been an earnest objective of the pharmaceutical profession for more than 50 years.

It was in 1883, to be exact, that the American Pharmaceutical Association launched the effort which culminated in the establish-

ment, through congressional action, of the Pharmacy Corps.

This fact should be stressed as it indicates that pharmacy is most reluctant to see the Pharmacy Corps abolished, as it has been its consistent belief that a truly competent pharmaceutical service could only be assured by a Pharmacy Corps properly manned and efficiently conducted.

Certainly, pharmacists feel that it is their professional right to insist either that the Pharmacy Corps be enlarged, expanded and activated in such a manner as to discharge properly every obligation facing pharmacy in the Army, or that the Pharmacy Section of the Medical Service Corps be constituted and maintained so as to render every valid service for which the Pharmacy Corps was conceived and established.

But here too, Madam Chairman, it is the preference of pharmacy

that the Pharmacy Corps itself be continued.

In taking this position, pharmacists visualize a Pharmacy Corps large enough and sufficiently well-manned to perform every duty which the Surgeon General has indicated he would look to the Pharmacy Section to perform.

The Surgeon General has stated very clearly the need for pharmaceutical service in the Army, and he has suggested that the Pharmacy Section would ultimately have a personnel strength between 900 and

1.000.

We urge this committee, therefore, to consider the feasibility of continuing the Pharmacy Corps and so amend the Pharmacy Corps law as to enable it to reach the size and render the service which the Surgeon General expects from the Pharmacy Section.

We emphasize this view, because there would be no point in continuing the Pharmacy Corps unless it were expanded and activated

in the proper way.

It stands to reason that the existing Pharmacy Corps with its limitation of 72 pharmacists of commissioned grade cannot meet the responsibilities which face pharmacy in the Army. If the Pharmacy Corps is to be continued, as pharmacy hopes it may be, it must be expanded and activated. This committee should weigh the desirability of this course before giving its approval to setting up a Pharmacy Section in the Medical Service Corps, as proposed by the Surgeon General.

In all fairness, it should be stated that this view was urged upon the Surgeon General, but he refused it on the ground that placing pharmacy in the Medical Service Corps would add to the efficiency of administration and at the same time give pharmacy opportunities it could never enjoy under a separate pharmacy corps.

We find it impossible to concur wholly in the Surgeon General's views, as everything which he expects of the Pharmacy Section could be done under his Pharmacy Corps, particularly if conducted and

activated as herein suggested.

It should be pointed out, too, that the Pharmacy Corps as a distinct entity in the Medical Department of the Army, could be more attractive to pharmacists simply because it is more in keeping with their position in the field of public health and more definitive of the progress of pharmaceutical education.

The college of pharmacy curriculum embraces not less than 4 years of standard university work in pharmacy, chemistry, pharmacology, and other sciences underlying the research, production, and standardization of drugs and medicines. Schools of pharmacy occupy their

own definite places in many parts of the country.

Pharmacy has its own literature, learned societies, libraries, and all the other attributes of a public-health profession. There are about 70,000 pharmacists in private practice throughout the United States, not to mention those engaged in research, manufacture, production, and standardization of therapeutic agents.

These facts are included here merely to focus the committee's attention upon the part pharmacy plans in society and upon the position

it occupies among the other public-health professions.

It seems to us, as representatives of the pharmaceutical profession, that a Pharmacy Corps of proper size and dignity is more appropriate to the present status of pharmaceutical practice than would be a

pharmacy section in the Medical Service Cerps.

However, we know, Madam Chairman, that this committee must make a choice. We have stressed the deep-rooted significance of the Pharmacy Corps, as it was our conviction that this committee should know the earnest preference of the pharmaceutical profession as be-

tween the two courses open.

On the other hand, we want to make it clear that we are not here for the purpose necessarily of opposing the Surgeon General in his desire to set up a Medical Service Corps in which the Pharmacy Section will be the largest component. We believe that the Pharmacy Section, once integration has been completed and pharmacists begin to come in in larger numbers, can render a reasonably satisfactory pharmaceutical service.

We believe, too, that with the cooperation of pharmaceutical educators, association leaders, and the profession in general, pharmacists can become sufficiently interested in the Pharmacy Section as to have

it competently manned and efficiently conducted.

We entertain not the slightest doubt that the Surgeon General sincerely intends to make the Pharmacy Section all that it should be. Not only is this true, but if Congress should accede to his desire to abolish the Pharmacy Corps and set up a Pharmacy Section in the Medical Service Corps, we pledge him our fullest cooperation in making the Pharmacy Section actually service the purpose and fulfill the hope which he entertains for it.

Mrs. Smith. Dr. Swain, are you opposed to this proposal H. R.

1982 as it is written?

Dr. Swain. Well, as it is written, I think we would have certain objections. There are certain suggestions for amendment which we would like to make. Is it your intention to take it up paragraph by paragraph?

Mrs. Smith. When we get to reading the bill. How do you think

the Pharmacy Section should be handled?

Dr. Swain. I haven't seen the final draft, but, as I understand it, there was an agreement, more or less, reached with the Surgeon General's office that the personnel of the Pharmacy Section would constitute 60 percent of the Medical Service Corps, and of this 30 percent would be pharmacists. Once the integration had been completed the pharmacists would come into the section. It was our understanding, also, that if the Surgeon General's view prevails, that present Pharmacy Corps, consisting of about 70 pharmacists, and the probably 5 or 6 other than pharmacists, will come into the Pharmacist Section.

We would like to urge that the committee raise the Surgeon General's 30 percent figure—I am using the term "Surgeon General" to identify it—to at least 80 percent. We would like to see the Phar-

macy Section at least 80 percent pharmacists.

Let us assume that the Pharmacy Corps as now set up will be abolished. There isn't much point in establishing a Pharmacy Section unless it is established along a line that is attractive enough to bring men in. We feel that if the Pharmacy Section was set up as now contemplated pharmacists would be outnumbered 7 to 3, and we doubt very earnestly whether that would be attractive.

In all fairness, let me say that the Surgeon General has stated to us—and he is here so he can correct me if I am wrong—that it was his belief that after a certain number of years, probably 8, 10, or 12, and certain forces have played out, that the Pharmacy Corps would

consist of at least 80 percent pharmacists.

That probably would be true, although other men we have talked to with Army experience think a conservative figure would be, say. 50 percent. If we are going to reach 80 percent in due course, why wouldn't it be wise to make that 80 percent your starting figure so this section would get off on the right basis, so far as pharmacy is concerned, from the outset.

We urge you to consider that phase of it because it has to be made

attractive to induce men into the corps.

Now, if we start with the 7-to-3 ratio, I do not think it is going to be attractive. Men would hesitate to come in. If you raise it to 80 percent, I think we could pledge the Surgeon General that we would do everything within our power to see that it is filled up as fast as he can take the men in.

Mrs. Smith. Doctor, when you say "we" do you mean the asso-

ciation?

Dr. Swain. I mean the pharmacy profession as a whole.

Mrs. Smith. Have you polled the members of the profession?

Dr. Swain. Our committee?

Mrs. Smith. Yes.

Dr. Swain. Our committee, the views are pretty much as represented in our paper. We would like to see the Pharmacy Corps maintained.

Mrs. Smith. Have you polled the pharmacists over the country

as to their wishes concerning the matter?

Dr. Swain. No; that has not been done, Mrs. Smith, but if you go back over the history I would be inclined to feel that they prefer the Pharmacy Corps.

On the other hand, I want to be fair. If this 80 percent were written into the bill, and 1982 was presented to them objectively, I doubt if

there would be any serious opposition.

Mrs. Smith. Have you acquainted yourself with the needs of the

Army, so far as the pharmacists are concerned?

Dr. Swain. Yes; we have. If you recall, in the Surgeon's testimony of a week or so ago, he spoke about a blueprint that our committee prepared. That means this committee. We prepared a blueprint setting forth the manifold and somewhat complicated duties that the pharmacists could perform in the Army. We think that blueprint was quite—was pretty well prepared. That is also fairly accurately presented in the charts which the Surgeon General presented here earlier.

We think the pharmacists should be, first of all, given, not control, but given in his care the purchase of drugs and medical supplies, particularly those used in the treatment of diseases. He also should

have charge of the storage.

. The value of a drug product declines rather quickly. You may buy a drug product, but if it is improperly stored it doesn't take too long for it to become a substandard product and in some cases the variations from a medical standpoint might be very quick and rather pronounced.

We think also that the pharmacist should have in his care the standardization of virtually everything that deals with the procurement and storage of drugs, medical, therapeutic preparations, until they actually reach the patient through the Army hospital, or what-

ever the set-up might be.

Mrs. Smith. I noticed that General Kirk said the other day that pharmacists were called upon to do many other things besides the duties of their own profession. Wouldn't it be better to have fewer

pharmacists and have them stay to their own profession?

Dr. Swain. Well, in the Army, Mrs. Smith, you would have difficulty. I am sympathetic with the Surgeon General's point of view there. There are a number of duties, as we see this picture in the Army, for which the pharmacist, if you go back and study his training, is better equipped to handle. His potential is such that he could, with a small amount of Army training, he could probably handle those matters much better than a person without that basic training.

If you were to follow the chart here and set up the Pharmacy Section with about 960 as the top strength I think you would find that we could supply enough pharmacists to take over most of those duties which either directly or indirectly do have some relationship

to drugs and medicines in one form or another.

If we were to do that, I think we would relieve physicians of many duties which are perhaps more in our field than in theirs, and given time I think this whole procedure we are discussing now could be shaped up in such a manner that it would really relieve much pressure from the Medical Department, as such, and at the same time have a great many of these things of a pharmaceutical nature handled by people trained for those special duties.

Mrs. Smith. Mr. Anderson, any questions?

Mr. Anderson. No.

Mrs. Smith. Mr. Durham?

Mr. Durham. Madam Chairman, I am sure the committee is glad to have Dr. Swain's point of view in this connection because he has devoted most of his life in the interest of pharmacists and the Pharmacy Service. I myself know of the effort and time put forth by Dr. Swain to secure better services for the men in the armed services, and at the present time he is devoting much of his time to that purpose. Dr. Swain, when you talk about the 80-percent figure, you are basing that on 80 percent of the 960 that is contemplated in this section as set up?

Dr. Swain. Yes; we understand that 960 would probably not be reached for some while. We look upon this 80 percent as a figure set forth in the bill at the time the bill is enacted. If there is only 400, or 300, whatever it is, irrespective of the top strength, we would

like to see 80 percent of that current strength pharmacists.

Mr. Durham. Set aside, in other words, for the pharmacists. don't inean that it should be filled immediately with pharmacists?

Dr. Swain. No; we know that cannot be done.

Mr. Durham. That is what I meant.

Dr. Swain. As we understand it, the present Pharmacy Corps will come over to the Pharmacy Section, if the Surgeon General's views prevail. Out of that number 72 are pharmacists now, and the remaining 543, I think it is, are not pharmacists.

It would probably take some time, as I see it, unless these men retired or died, or they switched over, until we could gain the 80-percent strength. What would happen would be this:

As increments are made to the section year by year, 80 percent of those yearly additions from the close of the integration period would be pharmacists. So that if that rule were adopted and followed, we would be a long time reaching the 80 percent, but we would finally get there. That is my view of the matter as it stands.

Mr. Durham. As this bill is written, does it meet the educational

requirements?

Dr. Swain. We have no serious objection to that. When we were discussing the matter with the Surgeon General, within the last week or 10 days in his office, it was suggested by me-I happened to be the spokesman—that we would like to see the bill limit appointees to men who had completed not less than 4 years of work and instruction in pharmacy school leading to the degree of bachelor of science. That is the rule with respect to the Civil Service Commission, and also with the Veterans' Administration.

Mr. Durham. And also the Pharmacy Corps as it now exists.

Dr. Swain. Yes. I don't like to repeat too many things that the Surgeon General said, but he did oppose that on the ground that he preferred not to have too much rigidity written into the bill. The language now is that they should be graduates of recognized schools of pharmacy approved by the Surgeon General.

We are not too much out of line with him in that respect. would prefer to see it 4 years. We would prefer to see the 4-year

minimum written into the law.

Mr. Durham. That is the same requirement that is written into the Medical Corps at the present time; is it not? I think the Surgeon General can answer that.

General Kirk. That is correct.

Dr. Swain. While we prefer to have the 4-year requirement written into the bill, we do not entertain the slightest doubt that this corps will be made up of none but the best qualified people within the availability.

While we would like to have the 4-year minimum requirement written in, we are not too much concerned over the fact that it is not

in the bill as it is now proposed.

Mr. Philbin. Madam Chairman, may I ask a question right there?

Mrs. Smith. Mr. Philbin.

Mr. Philbin. At what point in the bill was that provision inserted that you have referred to?

Dr. Swain. That is page 3, line 18.

Mr. Philbin. Would you read it into the record, please?

Dr. Swain. The bill as written does not contain any educational requirements. This is a proposed amendment. After "years" and before the word "who" insert:

who are graduates of recognized schools of pharmacy requiring 4 or more years of instruction for graduation approved by the Surgeon General or graduates from schools or colleges granting degrees in sciences allied to medicine approved by the Surgeon General and * * *

Mr. Philbin. That is your amendment, the amendment proposed by your group?

Dr. Swain. That is the one that will be suggested.

Mr. Philbin. Has it been presented to the Surgeon General?

Dr. Swain. Yes; this language was written in his office.

Mr. Philbin. That is satisfactory to you?

Dr. Swain. Well, yes; with the ifs and ands and buts, I think we would prefer to see the 4-year minimum written in, but if it is not, we are not too much disturbed.

Mr. Philbin. You would be agreeable to the inclusion of that

change?

Mr. Swain. Yes; I think so, in general.

Mr. Philbin. That is all. Mrs. Smith. Mr. Bates.

Mr. Bates. This thought has been running through my mind.

Are we creating another division of officer personnel in the Army by this set-up, the integrating of a certain division of the Pharmacy

Corps into the Medical Corps?

Dr. Swain. Well, at the present time, we have a separate Pharmacy Corps which was established 2 or 3 years ago. It does have some personnel, which I have stated, but the Medical Service Corps, I suppose you would say —I am not competent to discuss the Medical Service Corps except to say I presume it is new, but it is only new in the sense it is a new name, under which existing services will be grouped. It doesn't complicate Λrmy organization, as I understand it.

Mr. Bates. Does it comprise an opening wedge for officer personnel

where enlisted personnel now constitute the major portion?

Dr. Swain. I don't know. I couldn't answer that.

Mr. Bates. Have you any idea as to the numbers in the Pharmacy

Corps in the Army at the present time?

Dr. Swain. The Pharmacy Corps at the present time consists of 72 pharmacists and 543 nonpharmacists. The 543 nonpharmacists are men of distinguished war record and who deserved commissions. It was the Surgeon General's feeling, as I understand it, that the most

appropriate place to recognize them and give them the grades that they were entitled to was the Pharmacy Corps and they were put there as the result of special legislation.

Now, then, it is the idea to bring that whole group into the Pharmacy Section, which means that the Pharmacy Section will start with

72 pharmacists and 543 non pharmacists.

Mr. Bates. What are the ratings of the so-called nonpharmacists? Dr. Swain. I cannot answer that.

Mr. Bates. I mean, are they ordinary privates?

Dr. Swain. No, they are all officers.
Mr. Bates. Now, in the creation of this Pharmacy Corps, the thought I have in mind is this, are we going to have all generals an no privates?

Dr. Swain. I think the Medical Service Corps is more or less an

all-officer corps.

Mr. Bates. How does that compare as of today, are they all officers

today?

Dr. Swain. If you are discussing now the operation of the Medical Service Corps from the standpoint of Army organization, I don't feel competent to discuss that.

Mr. Smith. The Chair will state that General Kirk will be back

before the committee again, Mr. Bates.

Mr. BATES. All right.

Mrs. Smith. Are there any other questions?

Mr. Bates. That is the important question, whether we are not just creating another division in the Army of officer personnel and are getting away from enlisted personnel.

General, can you answer that question? General KIRK. What is the question?

Mr. Bates. The question is whether or not we are creating a corps consisting entirely of officer personnel where today it may be composed of officers and enlisted personnel.

General Kirk. It is a new corps that is being created. It is composed completely of officers, or those of officer status. It isn't

enlisted and commissioned mixed.

Mr. Bates. There is no enlisted personnel at all?

General Kirk. None whatever. If I might go back to my statement when this bill was presented, we showed that during the war we had 22,800 officers in the MAC-Medical Administrative Corps-Sanitary Corps, and Pharmacy Corps, that supplemented our 47,000 doctors in the Medical Corps. So we had a feeling that we needed that corps in peacetime.

Before the war we had one corps—the MAC—which was limited to about 70 officers. Then the Pharmacy Corps bill was passed. The bill was passed during the war. That limited the corps to

72 officers.

All the future officers coming in would be graduates of pharmacy. That is all we had in the peacetime Army. So doctors used to have to do jobs that the men in this corps will do in the future. We don't have enough doctors. From the war experience we felt we needed a Medical Service Corps to supplement the doctors of the Medical Corps.

So this corps was organized and a section of this will include the pharmacists that we need to carry on given medical service to the

Army.

Mr. Bates. Is there any provision in the bill letting down the bars so that the enlisted personnel can be promoted to officer personnel?

General Kirk. No, sir; except for the men being integrated into this corps the same as they are in the line, every man that comes into the corps in the future will be a college graduate.

Mr. Bates. During the war and before the war, of course, we had certain restrictions as to eligibility of men or women for officer status,

in both the Army and the Navy.

General Kirk. Yes.

Mr. Bates. During the war we let the bars down. We brought in certain classifications. I was interested to know whether or not there were any provisions in this bill for building up officer personnel by letting the bars down on qualifications.

General Kirk. No, sir, none. I can assure you of that.

Mr. Bates. That is fine. Thank you.

Mr. Philbin. Madam Chairman, may I ask a question?

Mrs. Smith. Mr. Philbin.

Mr. Philbin. As a matter of fact, the purpose of the bill is to raise the standard of the corps, if anything?

General Kirk. That is correct. I might say there were 3,500 applicants that wanted to get into this corps, of which we accepted

approximately 550.

Mr. Bates. Before the war, I know what the situation was. I don't know whether we let the bars down in the Navy during the war. We are more familiar, General, as you understand, with the Navy, because our work has been associated with the Navy, as members of the Naval Committee, and whatever questions we ask with regard to the Army certainly do not indicate any feeling against the Army. I don't know whether we let the bars down or not during the war period to permit graduates of pharmacy schools to become commissioned officers in the Navy.

Did we, Admiral?

Admiral Swanson. No, sir.

Mr. Bates. But there is nothing at the present time that will permit the Navy to commission a pharmacist in the Navy other than through the regular procedure.

For instance, and I am looking at the lieutenant commander now, there are provisions in the law that permit promotion after years of

service and recognition of ability, at the present time?

Commander Young. For temporary rank, during the war; not

permanent rank.

Mr. Bates. In other words, today, Commander, just to illustrate your own case, you have no permanent rank in the Navy?

Commander Young. Not above chief warrant.
Mr. Bates. With the temporary rank of lieutenant commander?

Commander Young. Yes, sir.

Mr. Bates. Now, to ask the Surgeon General the same question, did you commission pharmacists in the Army, do you today, at the present time?

General Kirk. There is a bill that authorizes us to do that.

Mr. Bates. On a permanent basis?

General Kirk. Yes, sir. Mr. Bates. And the Navy is not permitted. So we have a discrepancy there that ought to be cleared up.

General Kirk. That is what we are meeting to do, sir.

Mr. BATES. Fine.

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. Your proposal, Doctor, will not stop the integration of the present complement they are proposing to take in and give

commissions—it is only for the future?

Dr. Swain. That is right. If the bill is enacted, it is our understanding that the Pharmacy Corps will come into the Pharmacy section, and the percentage of pharmacists will only go up after the integration period closes, some time in December, I am told, and from that time—well, let's assume, for the sake of argument, that 50 persons applied for commission to the Pharmacy Section after the integration period. We would like to see 80 percent, or 40 of them come from the pharmaceutical ranks. The pharmacists, in other words.

Mr. RIVERS. I think that the Surgeon General testified the other day that it is his idea to keep 25 percent open to take in these new men, roughly, out of the 100 percent which he intends to fill the corps with, he will leave a vacancy of 25 percent to take in these professional

men who have the proper training.

Dr. Swain. Yes. I think you are thinking of the Medical Service Corps as a whole. I think the 25 percent is for the allied medical section.

General Kirk. No, sir. You are correct, sir. [Indicating Mr.

Rivers.

Dr. Swain. Does that mean that 75 percent of those who come in would be pharmacists?

Mrs. Smith. General Kirk.

General Kirk. Our idea is that from integration we will only fill up about 70 percent of these total slots that we have that are authorized for this corps.

Mr. RIVERS. Seventy percent?

General Kirk. Seventy or seventy-five. That is the War Department plan on all this integration. There will be slots left for the next two years for men to fill up this total authorization. They won't all be filled during this integration. So there will be slots left for graduates of pharmacy to come into this corps after we complete our integration under the authorized 50,000 officers of which these will be a part.

Mrs. Smith. General, won't you sit at the table?

General Kirk. Yes.

Mr. RIVERS. That is the understanding we have as you know, Dr. Swain, Mr. Durham has gone over this problem for many years, and with my feeble talents, I have tried to assist. You recall before the terrible loss to your organization in the death of Dr. Kahley, we tried to get the Navy to give us a hand, before our distinguished friend assumed the position of Surgeon General, and they seemed to be reluctant during the war to help us.

I am glad to see both services recognizing these people because they did do a good job during the war. Mr. Durham realizes, and we were talking about this same bill in the last couple of days, it is a

hard job to write these things.

We have got to look at this thing as a long-time proposition.

Mr. SWAIN. I agree.

Mr. RIVERS. We will have to do things that may not be satisfactory to all people.

Mr. Swain. We would like to drive this thought home, in conclusion, this Pharmacy Section has got to be of such a character that it is going to assert an appeal. There is no point in setting it up if no one comes into it. So we would like to get the thing off on the right start. We would like to have a Pharmacy Section from the outset which is attractive. If it is attractive we can bring people into it. If not, they will not come in.

Mr. RIVERS. That is right.
Mr. Swain. If it is not made attractive, I think you will be more or less proceeding toward a vacuum. If we could have it written into the law that after the integration period is over -we are no longer arguing that point, we are taking the Pharmacy Corps as it now stands -we would like the law to read that the annual additions-I will not try to give Army terminology -we would like to see it read so that the number coming in each year after the integration period is over -80 percent of that group will be pharmacists.

We think you have got to have that to get them to come in.

Mr. Rivers. I thought that after the integration period was over you could take all graduate pharmacists.

General Kirk. If there are enough that present themselves, that

are qualified; it is open to them without any percentage.

Mr. RIVERS. If they don't present themselves, you won't be able to fill it up anyway. I understand that the Navy train their men differently. We will get that from the Navy, I suppose. This is no easy job, I can tell you that, to write such a bill.

Mr. Swain. I know it isn't.

Mr. RIVERS. Our heart is in the right place. Thank goodness we have a smart pharmacist on the committee. We will do the best we can. As Mr. Bates has observed, it is a hard job.

That is all, Madam Chairman.

Mrs. Smith. General Kirk, isn't there a possibility under the present wording of the bill that the number of pharmacists will come to 100 percent at some time?

General Kirk. It could very well, the way the bill is written. there are enough people who present themselves and who are qualified

to fill this section.

Mrs. Smith. Dr. Swain, wouldn't it be well, then, to start with this bill even though it may be a compromise, and build to it as

time goes on?

Mr. Swain. A great deal of progress does come through compromise. We do know the attitude of our people. They know the opportunities that are open to them in civil life. Frankly, the Pharmacy Corps, Pharmacy Section, is going to compete for the best men. You don't want the mediocre or the marginal crowd.

You want the best. That means the Pharmacy Section has to compete with other people who want the best men. So it goes back to the basic statement that the Pharmacy Section has got to have an attractiveness. It will have to appeal. It has to have a worth which

a man might weigh against other opportunities.

We feel that—I am not going to labor this point because I have stated it a number of times—but we do feel that this whole cause, the cause that we hope to see flourish, and the one the Surgeon General espouses, will progress much more rapidly and much more soundly if it is attractive rather than a line in which the pharmacists come knowing they are going to be outnumbered for a great many years.

Mrs. Smith. Are there any other questions of Dr. Swain?

Mr. RIVERS. May I ask him one more question?

Mrs. Smith. Mr. Rivers.

Mr. Rivers. Take, for example, a boy who has just finished pharmacy school, and he goes to work. Every boy who finishes pharmacy school can't own a drug store. Take the boy who gets a job in one of these big chains. What does he get, generally?

Mr. Swain. You mean the compensation?

Mr. RIVERS. Yes; salary.

Mr. Swain. He would start off today at, roughly, about \$4,000 a That would be—if there is such a thing as an average minimum-and that would be an average minimum.

Mr. RIVERS. What would be get under this bill, General? General Kirk. He would get the pay of a second lieutenant.

Mr. RIVERS. That wouldn't be \$4,000, of course.

Mr. Swain. At the present time, there is a shortage of pharmacists, and it is conceivable that the starting pay which obtains today might

not be the rule 5 or 6 years from now.

But there will be a greater opportunity for properly trained pharmacists in industry, hospital pharmacy, those fields are just developing, and they are going to have a tremendous influence upon every phase of pharmaceutical activity. So it seems to me that as a matter of practicality, we should make it just as attractive as we can at the outset.

Mr. Rivers. If you have to compete with high wages on the out-

side, you are not going to get very many in. Mr. Swain. That will be the situation.

Mr. Rivers. For instance, pharmacy, if my memory serves me, discovered penicillin. Didn't pharmacy develop that drug?

Mr. SWAIN. Yes.

Mr. Rivers. Pharmacy has done a lot of things for the country. I don't know what the avenues are going to be. I for one think we ought to dignify the pharmacists in the armed services and give them the things to which they are entitled.

Mr. Swain. That is the song we have been trying to sing.

Mr. Rivers. I don't carry a tune very well, but if I could sing that is the song I would sing.

We have to put an attraction in there. That is why it is necessary for you people to come up to help us.

Mr. Swain. I have only one more point.

We are not contending against the men coming in on a second lieutenant basis. That is Army procedure. We are going to accept that. We know that carries with it a disproportionate pay so far as outside employment is concerned. But what we are striving for is to have the Pharmacy Section really become a Pharmacy Section to a much greater extent than seemed possible when 1982 was first written. Now, we are urging that on this committee simply because we think we know what the situation is going to be. If we don't make this inviting they are just not going to come in. So we are urging, again, that if you can, in your wisdom, if you could write into the bill that the annual increment after integration would be 80 percent pharmacists, you will go a long way in making this acceptable to the pharmacists, and bring them into the service.

Mr. RIVERS. What will the Navy say about that? Mr. Swain. I don't know, I could not say. Mr. RIVERS. The Army would not oppose it?

General Kirk. Do you want to discuss that now, or wait until we discuss that section?

Mr. Rivers. I will wait until we take that section up.

That is all, Madam Chairman.

Mrs. Smith. Mr. Bates?

Mr. Bates. The statement you made. Mr. Swain, about pharmacists receiving \$4,000 a year, you don't want the committee to understand that in your opinion every graduate of pharmacy school,

going into every corner drug store, gets at least \$4,000 a year?

Mr. Swain. The question asked was, what is the prevailing rate of pay today of a man coming out of a college of pharmacy. I go back to a standing advertisement in the Baltimore Sun to the effect that pharmacists are taken on without experience at \$85 a week. That \$4,000 is, I think, a little bit high, but I would say that the country over, the prevailing rate of pay for employee pharmacists, almost from the day they leave school, would certainly not be under \$3,000. I am trying to establish a basis of comparison.

I believe the average is over \$3,000.

Mr. Bates. I have this question in mind, too: The type of instruction they get in the so-called pharmacy schools. I may frankly say that I haven't enough information about pharmacy schools to give the background as to whether or not they are comparable, say, with medical schools. What you are doing is asking this committee to approve a bill which puts the pharmacist on the same basis with

graduates of medical schools.

I think the type of instruction, the character of work they do in school, the length of the term, whether 2, 3, or 4 years, the tuition, whether or not the State has recognized those schools from the standpoint of authorizing a degree to be issued to them, I think all those things ought to be made a part of this record to give us the background as to whether or not, after all, the boy who has gone to a pharmacy school for 4 years, has had an intensive course of instruction over that period of time, such as a medical student would get, or such as a medical student in dentistry has. What is the comparison between those three classifications from the viewpoint as I have expressed it here?

Mr. Swain. Let me say that Dr. A. G. Dumez is here, and while I could discuss the question which you have raised, I think probably more authoritative information could come from him, and so if you will defer that question until he takes the chair, I think it would be

better

Mr. Bates. Yes. Are you a doctor of medicine yourself?

Mr. SWAIN. No.

Mr. Bates. Where did you acquire the doctorship?

Mr. Swain. My formal education is a degree of doctor of pharmacy. I could refer to some other degrees, but it is not necessary here.

Mr. Bates. What States have the degree doctor of pharmacy? Mr. Swain. The doctor of pharmacy degree has been discontinued.

It is now, if there are any at all, it is probably an honorary degree. But our schools today are on a standard basis. No schools give less than 4 years of work. The undergraduate degrees are doctor of science or pharmacy. I think I can give you now the complete assurance that pharmaceutical education is on a completely sound basis and that within its area it is comparable in every way to any other field of professional education. To put it another way, and this could

probably be misunderstood, but the medical curriculum consists of

4 years in the whole range of medicine.

The pharmacy course is 4 years in the study of pharmacy and which carries with it a very intensive and thorough training, so much so that I think if you were to study the field you would find more progress made in pharmaceutical education than in any other branch of educa-

tion anywhere.

Mr. Bates. I think a very complete statement in respect to the background of pharmaceutical schools ought to be made a part of this record and its relation to the training that doctors, both medical and in denistry, receive in their respective schools, so that we can draw a comparison. I don't think we ought to remove the bars for commission in either the Army or the Navy to those who haven't the educational background or the experience background—such as the commander here has acquired as the result of many, many years in the service.

Mr. Swain. I think Dr. Dumez can make a statement on that.

Mr. Bates. That is the strongest point that you can make here, as far as I am concerned, to say that the schools of pharmacy are all that you say they are.

Mr. Swain. I think we can give you every assurance on that.

Mr. Bates. I would like to have also information as to whether or not the various States offer a degree in pharmacy. There are many, many medical schools, and other types of schools, which are not accredited schools. These schools are given authority to issue degrees, but the armed services do not recognize certain schools as being in themselves strong enough to develop, say, a doctor or a dentist along lines where the school would be considered as an accredited school from the standpoint of our American educational system.

I would like to have that explained, too, whether or not there is a top-grade pharmacy school and a low-grade pharmacy school, and whether or not a graduate from the low-grade school is going to be eligible for the same rank or grade in the Army or the Navy as the fellow who graduated from what might be called an accredited school.

Mrs. Smith. We are to hear from Dr. Dumez and he may present

that.

Dr. Swain. I don't suppose you could use the fingers of one hand to count the nonaccredited medical schools.

Mr. Bates. I think there are almost as many nonaccredited as

accredited.

Admiral Swanson. There is only one nonaccredited medical school today. The only nonaccredited medical school in the United States now is the Chicago Medical College.

Mr. Bates. I know that in the State of Massachusetts the Navy doesn't consider some schools I have in mind—I won't mention them—

as accredited schools.

Mrs. Smith. Are there any other questions. Thank you, Dr. Swain.

(Witness excused).

Mrs. Smith. Mr. Einbeck?

Mr. Einbeck. Dr. Dumez is the next witness.

He is a member of the American Council on Pharmacy Education and also the dean of the College of Pharmacy of the University of Maryland.

Mrs. Smith. Dr. Dumez.

STATEMENT OF DR. A. G. DUMEZ, DEAN, UNIVERSITY OF MARYLAND

Dr. Dumez. Madam Chairman and members of the committee, as a member of the joint committee referred to by the first speaker, Major Einbeck, representing four national pharmaceutical associations, I have attended several conferences over the past year or more with the Surgeon General, members of his staff, and members of the General Staff, on the possibilities of improving pharmaceutical service in the Army and utilizing pharmacists to perform some of the cuties now performed by physicians, thus making available a larger number

of physicians for exclusive medical practice.

While I believe that the preference of pharmacists as a whole would be to retain the Pharmacy Corps in the Army, it is my opinion that the plan of reorganization of these certain divisions of the Medical Department, as presented by the Surgeon General last week and as incorporated in the bill 1982 which you have before you, seems to meet all of our objectives, except the two brought out by the last speaker, Dr. Swain, namely, there is no 4-year educational requirement in the bill, and we believe that the percentage set for pharmacists who would be taken in annually into the Pharmaceutical Section is too low. Under the provisions of the bill, this would be 30 percent of those admitted to the Pharmacy Section.

It seems to us that if the Section is worthy of the name it should be manned wholly by pharmacists, or at least by a majority of

pharmacists.

We believe that if you are to make the Pharmacy Section attractive to present-day graduates in pharmacy, it will be necessary to build up an esprit de corps in the Section which will have an appeal for

young men to make this service a career.

I doubt very much if this can be done unless there is a radical change in the opportunities given the pharmacists in the Army. I will say that the pharmacists who have returned from the service are very critical of the treatment which they received in the Army during the war. Many of them feel that they were shabbily treated; they could do much better in other divisions of the Army than in the division, let us say, in which they were qualified by education and training best to serve.

And unless we made it attractive we will have difficulty in supplying

these pharmacists that would be required to operate the corps.

The figure, I believe, that we decided upon, was 80 percent. We don't quarrel about that, exactly, but we thought that if the annual increment there was raised from 30 to 80 percent, that our desires would be met.

My purpose in appearing before you today is to express approval of the pharmaceutical organization which I represent to H. R. 1982 insofar as it applies to pharmacy, provided it is amended to increase the pharmacy personnel, or the Pharmacy Section, from 30 to 80 percent, and provided that a provision is made to require education of a 4-year college course.

The other purpose which I had in appearing before you was to tell

you something about pharmaceutical education.

I hesitate to take your time, but since one member of this committee has expressed concern about it, I think I can review it very briefly.

Mr. Bates. Not "concern," Doctor, just seeking information.

Dr. Dumez. Thank you. I will be glad to summarize this in the course of a few minutes.

A formal or systematic education in pharmacy began in this country about 1821 with the establishment of the Philadelphia College of Pharmacy in the city of Philadelphia.

That was an independent endeavor. The college was established by pharmacists who organized to give training to supplement the

training of their apprentices.

Following the organization or establishment of the Philadelphia College of Pharmacy, a similar institution sprang up in New York, and similar institutions came into being in Baltimore, Boston, Chicago, Cincinnati, St. Louis, San Francisco, and Washington, D. C.

That is, private institutions founded by practicing pharmacists. These schools were managed by pharmacists actually engaged in the practice and had for their primary objective the supplementing of the

training received by the pharmacist in the drug store.

It was, in fact, an apprenticeship system. The time spent in the

store continued to be the prime requisite.

Now, this condition prevailed until some time after the inauguration of pharmaceutical education in our State universities. The first of these schools to be established at the State universities was established at the University of Michigan in 1876. For a period there was a lag, and then there was one established at Purdue in 1884, one at Wiscor sin in 1883, another one in Iowa in 1835, and Kan as in 1885. South Dakota, Minnesota, Alabama, Washington, and so forth, until at the present time, as I recall it, there are about 37 State universities that have schools or colleges of pharmacy. The State universities, plus the private universities and colleges of pharmacy now number somewhere around 68 or 69.

Of those 68 or 69, 64 are accredited institutions.

I might say that although pharmaceutical education had been included in the general educational program of more than 30 universities by 1900, conditions were far from satisfactory, measured in terms of collegiate standards, because most of the schools of pharmacy at that time were substandard, they required only 1 or 2 years of high-school work for admission, and the course of instruction in pharmacy covered 2 or 3 years, whereas the completion of a course in arts and sciences, for instance, required 4 years.

It seems that pharmacy had to get some kind of a jolt to awaken to its deficiencies and possibilities, and that was given us during World War I by, as I recall it, Dr. R. C. McLoren. He was then chairman of the Government educational plan, and one time, when we were conferring, he told us that if pharmacy desired the same consideration as medicine and dentistry and the veterinary sciences received, we would have to require the same type of education for

our people.

It was after World War I that we began to make real progress in advancing pharmaceutical education, and I am told by educators in other fields that pharmacy has made more rapid progress than has

been made in any other field in the past 25 years.

At the present time we have a syllabus committee, which is composed of representatives of various pharmaceutical organizations, the duty of which is to formulate the pharmaceutical curriculum. That syllabus has passed through four editions.

That gives us considerable uniformity in curriculum. There is a minimum of required subjects and some optional. So that I think we have a fair uniformity in that field.

Mr. Bates. At that point, will you break down that curriculum for us, Doctor, so we have some idea of the subjects covered and the

length of instruction?

Dr. Dumez. For instance, there are some cultural subjects in the curriculum, such as English and mathematics and economics and history. Some colleges offer sociology. The curricula of various colleges aren't absolutely rigid.

Then there are the foundational sciences, such as chemistry and physics, and zoology and botany, upon which we base our pharmaceutical subjects, such as pharmaceutical chemistry, pharmacology,

dispensing pharmacy.

Mr. Bates. Those subjects are required subjects?

Dr. Dumez. Yes, sir. Mr. Bates. All of them? Dr. Dumez. Yes, sir.

Mr. Bates. In the same curriculum?

Dr. Dumez. Yes.

Mr. Durham. And many more.

Mr. Dumez. Yes.

Mr. RIVERS. In that connection-

Mr. Bates. Just a moment. If you have many more, I think you

will probably run out of subjects.

Dr. Dumez. You have pharmaceutical history, you have pharmaceutical economics, pharmaceutical law-pharmacy has to know a certain amount of law, special laws pertaining to the manufacture and sale and distribution of drugs, and to business management, and so forth.

Mr. RIVERS. I don't know of any profession that requires more

chemistry.

Dr. Dumez. No. That is true.

Mr. Bates. Will you please put in the record the entire pharmaceutical curriculum that you now speak about as having been approved and that is a standard course in the various colleges that teach that subject matter?

Dr. Dumez. Yes. (See exhibits A, B, C, and D.) Mr. Bates. I want to make this part of the record, because it is

basic and ought to be well known to the committee.

Dr. Dumez. In addition to this committee on syllabus which makes our curriculum, we have a Council on Pharmaceutical Education which corresponds to the American Council on Medical Education or the American Council on Dental Education.

Its function is to instruct and investigate. This council was established in 1932 and it has, I believe, had a very beneficial effect upon pharmaceutical education. At the present time we are having made a survey of pharmacy which is being made under the direction of the American Council on Education and the person in direct charge is Dr. E. C. Elliott, former president of Purdue University.

We expect to obtain certain information from that survey which

will help us to improve our curriculum still further.

Well, I don't want to take any more of your time.

Mrs. Smith. Dr. Dumez, what is the registration of students in pharmacy per year over the country?

Dr. Dumez. The total registration at the present time is about

15.000.

Mrs. Smith. Do most of them continue through the entire course? Dr. Dumez. Well, I would say about 25 percent of them, of those who enter drop out before they are graduated, for some reason or

Mr. Durham. That is comparable to practically all other pro-

fessions.

Dr. Dumez. Oh, I think so. There are deaths in the family, they change their plans, there are various reasons. Not all are scholastic failures.

Mrs. Smith. What percentage are women? . Dr. Dumez. Well, I cannot—let me see, I can answer that, too, I

guess. I would say about 5 percent.

Mrs. Smith. You would say that the medical profession is somewhat dependent upon the pharmacists, would you not?

Dr. Dumez. I should think so. Mrs. Smith. Mr. Durham. Mr. Durham. No questions.

Mrs. Smith. Mr. Bates. Mr. Bates. Doctor, will you also put in the record the names of the schools and the term of years the courses run?

Dr. Dumez. Yes, sir.

Mr. Bates. And there is this further question that I wanted to ask you. You mentioned there were 68 schools; did you not?

Dr. Dumez. Yes, sir.

Mr. Bates. How many of the 68 are so-called recognized universities that have pharmacy courses within the curriculum?

Dr. Dumez. State universities?

Mr. Bates. No; regular universities or colleges having a pharmacy course. These 68 are just pharmacy schools in themselves?

Dr. Dumez. Oh, no; most of them are universities in which pharmacy is one unit.

Mr. Bates. I see.

Dr. Dumez. The same as the medical school.

Mr. Bates. And they get a bachelor degree in science and pharmacv?

Dr. Dumez. That is correct, bachelor degree in science and phar-

Mr. Bates. Have you any information about the number of pharmacy schools existing today that only have a 2-year course?

Dr. Dumez. There are none.

Mr. Bates. I recall some years ago that a number of young men that I knew in my home State went to a pharmacy school for 2 years. perhaps in Boston, or maybe 5, 10, or 15 years ago. That thought was in my mind when I was interrogating General Kirk as to the basic qualifications required for commission grade in the military service.

Would you say they are all now on a 4-year basis?

Dr. Dumez. All of the accredited colleges.

Mr. Bates. And out of 68 you said 64 are accredited colleges?

Dr. Dumez. Yes, sir.

Mr. Bates. That is very interesting.

Mrs. Smith. Mr. Rivers.

Mr. Revers. Doctor, what was the reason for the discontinuance

of the granting of the Ph. D. upon graduation?

Dr. Dumez. That was really not a degree. It was a certificate. It was for 2 years of work. It was a certificate meaning graduate pharmacist. It didn't conform to any standard degrees.

Mr. Rivers. I see. And now your organization is responsible for

making this graduate of pharmacy comparable to the sciences?

Dr. Dumez. That is correct. Then it permits our men to go on and do graduate work and get a master's degree and a doctor's degree. Usually the doctor's degree is the doctor of philosophy.

Mr. RIVERS. I recall in my own State we had two pharmacy schools, one connected with the university in Columbia, and then as a part of the university—of the medical school of Charleston.

Dr. Dumez. That is right. You still have the two.

Mr. RIVERS. I know they require 4 years, and which I think is a splendid thing.

Dr. Dumez. Yes.

Mr. Durham. Doctor—may I? Mr. Rivers. Yes; go ahead.

Mr. DURHAM. Dr. Dumez, at the present time all the States require this degree to practice in civilian life, isn't that correct?

Dr. Dumez. All but two, I think. Mr. Durman. What are those?

Dr. Dumez. Well, California is one -I have forgotten-Arizona or Nevada, one of those States. It is Vermont and Nevada.

Mr. Durham. Vermont and Nevada. Mr. Rivers. Do not require what?

Mr. DURHAM. Do not require a degree to practice in civilian life, it is not required by the State law. All the others—it is required.

Dr. Dumez. That is correct. I said California, but they require that, I believe, at the present time, but they did have a provision in their law which gave any man who had practiced over 20 years the privilege of taking the examination.

Mr. Bates. General Kirk, is there any language within the provisions of the bill taking care of men on temporary officer status and

who can be made permanent?

General Kirk. Yes, sir. That is this integration that is being carried on now, sir.

Mrs. Smith. Are there any further questions of Dr. Dumez?

Mr. RIVERS. Just one. Mrs. Smith. Mr. Rivers.

Mr. RIVERS. Are they required to take the State board examina-

Dr. Dumez. Students who are graduated in pharmacy are required to take a State board examination for certification.

Mr. RIVERS. I see. And the degree is contingent on taking that, you have got to have the degree before you can take the examination?

Dr. Dumez. That is correct, before you can take the State board examination.

Mr. RIVERS. In addition to the degree the States which you have mentioned require that they pass before this board?

Dr. Dumez. That is correct.

Mr. RIVERS. And to pass it they have to first come in with a degree?

Dr. Dumez. Yes, sir; the same as medicine or dentistry or law. Mrs. Smith. Any further questions? Thank you very much, Dr. Dumez.

Mr. Einbeck.

Mr. Einbeck. We have one other representative. I don't think our testimony would be complete until we have some statement from Mr. George H. Frates, who represents the National Association of Retail Druggists, which comprises among its members the largest group of pharmacists in the country, and I would be very pleased if you would call him.

Mrs. Smith. Mr. Frates.

STATEMENT OF GEORGE H. FRATES, REPRESENTING THE NATIONAL ASSOCIATION OF RETAIL DRUGGISTS

Mr. Frates. Madam Chairman and members of the committee, my name is George H. Frates and I represent the National Association of Retail Druggists. I am the Washington representative. We are 31,000 independent druggists practicing our profession in every State in the Union and the District of Columbia.

We are here today to substantiate the statements made by the previous speaker. I want to reiterate the fact that we believe that a minimum of 80 percent should be written into the bill and, secondly, that the educational background of pharmacists should be spelled out.

We believe that every man entering the service should have a B. S. degree in pharmacy and I reiterate again we believe that they should constitute 80 percent of the section.

Mrs. Smith. Are there any questions?

Mr. Durham?

Mr. Durham. I don't have any questions.

Mrs. Smith. Mr. Rivers?

Mr. RIVERS. I would just like to ask this: What is the reason your

organization settled on 80 percent?

Mr. Frates. Well, we would like to have it 100 percent, but according to General Kirk's estimation 80 percent, perhaps, would be agreeable. In other words, the section should be composed entirely of pharmacists eventually.

Mr. RIVERS. I think that is the objective; isn't it, General?

General Kirk. That was our plan, if enough pharmacist graduates presented themselves and were qualified to fill the corps, of the type that we could train to do the job we want them to do.

Mr. Rivers. The General Staff, G-1, whatever it is, they don't

want this in there; do they?
General Kirk. The percentage?

Mr. RIVERS. Yes, sir.

General Kirk. If that percentage is finally written into the bill it will be the only corps in the whole Army that has a percentage written

Mr. RIVERS. Maybe the rest of them are wrong and this is the only one that is right.

Mrs. Smith. Mr. Philbin.

Mr. Philbin. You are not opposing this bill, Doctor?

Mr. Frates. No.

Mr. Philbin. Even though you may not agree with the 80-percent clause you are willing to go along with it?

Mr. Frates. Correct.

Mr. Philbin. You believe the Surgeon General will work out whatever objections you have?

Mr. Frates. We would like to see the 80 percent written in. The

Navy has a stated percentage in their legislation.

Mr. Philbin. That is all.

Mrs. Smith. Any further questions? Thank you very much, Mr.

The Chair has a letter, dated February 20, 1947, from Arthur H. Einbeck, that I would like to have included in the record of the hearings. Are there any objections? Without objection the letter will be included in the record.

(The letter is as follows:)

FEBRUARY 20, 1947.

Hon. MARGARET CHASE SMITH. Chairman, Subcommittee 9, Committee on Armed Services. Washington, D. C.

Dear Madam Chairman; I was present at the hearing today on the Medical Service Corps bill which was adjourned until tomorrow. I thus did not have an opportunity to testify today and since I operate a sort of a one-man pharmacy up here in West New York and had to go back home to open up the next morning. I listened to General Kirk's fine presentation. My committee has had the pleasure of working out the problem with him and members of his staff for many months and except for a few minor points we are quite in agreement as to how pharmacy will make its contribution to the military service.

Head I make a Liverblem Liverble have left with you the evaluation. The subject

Had I spoken I would have left with you the enclosed material. The subject is quite exhaustive and I fee! that you as chairman of an important committee will want to be fully informed. The material is an article on pharmacy in the Army and Navy, recently published in Merck Report, by myself and one by Irving Rubin, a former captain in the Army, now associate editor of the American Druggist. Both articles are pertinent to the present situation and are the result of considerable study and knowledge of the subject. The correctness of Rubin's article in particular is supported by the copy of the enclosed letter of General Kirk commenting on the article.

One point that hasn't been entirely cleared up is a guarantee in the law as to the minimum number of pharmaeists the Army will use. One amendment which General Kirk will or has proposed will be the insertion of the clause (p. 3, line 20), after "War" period change period to comma and insert: "Provided. That the number that will be authorized for appointment annually a minimum of 30 percent of the Pharmacy Section, shall be from persons who are graduates of recognized schools of pharmacy, approved by the Surgeon General: Provided further, That

sufficient qualified applicants are available.'

There were 12,000 pharmacists in the Army during World War II and it is felt that the percentage strength of pharmacists in the corps should conform to the wartime ratio. The above figure is quoted in the Rubin article and is confirmed by General Kirk. It is my personal opinion that the Army would agree to use this proportion if it is brought to the attention of your committee and meets with your approval. I trust that you will consider this statement as having brought

the matter before your committee.

There are several other amendments that we have asked to be put into the law, but I have been informed that these have or will be read into the hearing by the Army. The reading of General Kirk's press release of July 5, 1946, listing the duties of the pharmacist was also to be read into the hearing. This was done in today's hearing. There might be some questions as to the wording of some of these amendments to clarify the intent, but both Dr. Fischelis and Mr. Frates have been empowered by the committee to represent them at the hearings in their

The primary purpose of this committee is to provide the services with the highest type of pharmaceutical service and secondly to provide a proper place for professionally trained pharmacists to perform that service when called upon to serve their country. I wish also to extend my appreciation for the courtesy that has been accorded the members of my committee and its representatives.

Most cordially yours,

The CHAIRMAN. Henry M. Chick.

Give your name and whom you are representing to the reporter, please.

STATEMENT OF HENRY M. CHICK, REGISTERED PROFESSIONAL ENGINEER

Mr. Chick. Madam Chairman, my name is Henry M. Chick. I am a registered professional engineer and served during World War II

as a captain in the Sanitary Corps.

I am appearing as a member of the National Society of Professional Engineers to present the thinking of that society regarding H. R. 1982. The National Society of Professional Engineers is an organization having a membership of nearly 15,000 registered professional engineers representing all phases of engineering throughout the United States and its Territories. It is made up of member State societies, each being composed of a number of local chapters. To be eligible for membership in the national society an engineer must have satisfactorily met the requirements of a State law to practice the profession of engineering.

Among our membership are many professional engineers who have a vital interest in sanitary engineering and the welfare of the personnel of the Sanitary Corps of the Army. The National Society of Professional Engineers was opposed to H. R. 7167 of the Seventy-ninth Congress which would have created a similar Medical Service Corps because it would have included the sanitary engineers as a minority of an over-all Medical Service Corps. We are likewise

opposed to the present bill on the same principle.

If I may briefly review the background of the Sanitary Corps: The Sanitary Corps was organized during the flu epidemic in World War I to be composed of sanitary engineers, entomologists, bacteriologists, chemists, and other technically trained personnel to deal with the problems created by the advancement of knowledge in the causes of disease.

The corps was organized and grew to approximately 2,500 members. The efficiency with which this highly trained technical group functioned depended in every case upon the knowledge and vision of the

medical officers under whom they served.

They made a record sufficient to justify the formation of a Sanitary Reserve Corps which was organized at the close of World War I and was kept alive and active throughout the intervening years. The number of persons actively interested in the Sanitary Corps Reserve prior to World War II dropped to less than 300, but this small nucleus were all men who were college-trained, highly technical specialists.

With the outbreak of World War II this nucleus expanded to approximately 3,000 to 3,500 members. They demonstrated their worth in a number of ways and the full effect of their influence will be felt for many years to come in all of the various parts of the world in which they served. Their work was outstanding and contributed in a large measure to the success of the mobilization program and conduct of the war.

One of their outstanding achievements, with which you are all familiar, was in the control of malaria under the most difficult circumstances. The morale among the sanitary corpsmen had been exceptionally high during the war because they felt they were doing

a worthwhile piece of work and were actively helping in keeping high the health standards of our armed forces.

The postwar reorganization plan of the Medical Department contemplates abolition of the Pharmacy Corps, the Medical Administrative Corps, and the Sanitary Corps and lumping the personnel of

all in the Medical Service Corps.

The Medical Administrative Corps is composed of men commissioned because of their knowledge of Army procedures and Army regulations. These men have performed a valuable service, but a great majority of them are without technical training. This plan would leave the technically-trained men in the Sanitary Corps competing and outnumbered by the nontechnical Medical Administrative Corps.

It is possible that it would leave the supervision of sanitary work in the hands of officers who may not have the necessary technical training or knowledge for the most efficient performance of this work. It would allow the assignment of sanitary experts to nonsanitary duties and the assignment of unqualified personnel to sanitary duties.

We feel that such a plan would gravely endanger the vital function-

ing of the important sanitary work of the Army.

Sanitary engineers and their allied specialists are concerned primarily with the prevention of disease and the eradication of the environmental sources and causes of such diseases. This is a highly specialized field and calls for men who are thoroughly trained for such work.

As a former officer of the Sanitary Corps, I can tell you that many of the Sanitary Corps officers have been separated from the service and look with apprehension upon this contemplated organization and consequently are not enthusiastic about participating in the Reserve

program of the peacetime Army.

In view of the unsettled and uncertain conditions in the world and the possibility of needing the services of these men at some future date, we regard it as imperative that the Sanitary Corps have a strong and efficient reserve of technically qualified men at all times. We believe that not only should there be a sound and fair program for these technically trained specialists in the postwar Army, but that the Army must maintain a sound preventative medicine program. To do this the Army must attract new blood from the sanitary field from time to time and it is highly doubtful that many sanitary experts who have spent many years to become technically trained in their fields will be willing to enter an organization which subordinates their expert knowledge in a particular field to an organization dominated by non-technical personnel, or technical personnel in entirely different fields.

H. R. 1982 proposes that all persons holding temporary appointments or commissions in the Army of the United States permanently assigned or detailed to the Sanitary Corps shall be automatically transferred and permanently assigned or detailed, as the case may be, to the Medical Service Corps established by this act in the same tem-

porary grade and rank held by them at such time.

There is no provision to the effect that these technically trained sanitary personnel will not be assigned to administrative or other

nontechnical duties.

With the relatively small number of Sanitary Corps personnel to be retained in the postwar Army, we regard it as being in the national interest to insure that the sanitary program of the Army be not allowed to wither away into nothingness. The National Society of Professional Engineers believes that for the welfare of the Army and of the entire Nation there should be a separate and autonomous sanitary unit within the framework of the Army. We urge that this unit be headed by a technically qualified officer and that the preventive sanitary program of the Army go forward limited only by the number of personnel and the appropriations that the Congress may authorize.

The pending bill provides for separate Pharmacy, Medical, Allied Science, and Optometry Sections, and such other sections as may be deemed necessary by the Secretary of War, and which shall perform

such services as may be prescribed by the Secretary of War.

We do not consider that this provision adequately solves the problem facing the Sanitary Corps personnel. There is no assurance that the Secretary of War will establish a Sanitary Section, nor is there any assurance that the Medical Allied Science Section, even should it include the sanitary personnel, will not leave the sanitary personnel in an unfavorable position as regards their technical qualifications.

We urge upon this committee to spell out this legislation the creation

of a Sanitary Section within the Medical Service Corps.

The National Society of Professional Engineers is appreciative of this opportunity to present its thinking to this committee. Its members, its officers, and its committees stand ready at any time and would welcome the opportunity to present any further information that will be of value.

Mrs. Smith. Thank you very much, Mr. Chick.

Will you tell us something about the duties in this corps?

Mr. Chick. In the Sanitary Corps?

Mrs. Smith. Yes.

Mr. Chick. Well, it might be necessary to go back and describe

some of the personnel that make up the corps.

The corps was composed of sanitary engineers—I am an engineer and I can talk better on that—who are educated along the line of design operations and construction of sanitary engineering work, sewage treatment plants, garbage and refuse disposal, and also educated along the line of the malaria phase of it.

The corps is also made up of an entomologist whose duties are in the line of insect control. The corps is also made up of laboratory personnel, chemists, bacteriologists. I recall no other additions.

Mrs. Smith. As a member of the Naval Affairs Subcommittee on Congested Areas, I remember very clearly how the work of the Sanitary Corps was brought out in the congested war area hearings.

Mr. CHICK. Thank you, Madam Chairman.

Mrs. Smith. You were doing an excellent piece of work. You had 3,500 members through the war. How many are there left?

Mr. Chick. I don't know.

General Kirk. Around 2,800 is your peak in this group of the Sanitary Corps, as I remember. I might say, while we are waiting for that figure, they did a splendid job. We propose to use them in the same way.

Mrs. Smith. We found these people doing an excellent job. They were a great help to the general public as well as to the services in

these war-production areas.

Mr. Chick. Thank you. I think some of their outstanding work was done in foreign countries, where things were much more primitive than here; but there is still a need for them here.

Mrs. Smith. Yes; we found that so.

General Kirk. I am sorry I can't give the figure.

Mrs. Smith. Will you supply it for the record, General?

General Kirk. I have it. There are 227 presently on duty. All the others have been separated from the service. Our top number was 2,560—that was the peak. Of course, they came and went. The peak was 2,560.

Mrs. Smith. What percentage of the whole strength is the Sanitary

Corps?

General Kirk. Are you speaking of what we had during the war? Mrs. Smith. No; speaking of the present, or the future as it is planned now, What percentage of the Medical Service Corps would be allotted to the Sanitary Corps?

General Kirk. These are planning figures, everything we present

here.

Mr. Smith. Yes.

General Kirk. Some 38 percent would be in the Medical Allied Service Section.

Mrs. Smith. Do you have that broken down?

General Kirk. We have it right on the chart—the various types. A certain number of those would be sanitary engineers, a certain number of bacteriologists, biochemists, parasitologists, serologists, clinical-laboratory officers, entomologists, nutrition officers, toxicologists, industrial hygienists, psychologists, psychiatric social workers. All that group we used during the war, in the Sanitary Corps, which was a Reserve corps only, and was called on active duty when the war started.

They did such a splendid job that we want them in the peacetime

Army.

Mr. Smith. How many do you plan to integrate?

General Kirk. As many as present themselves for integration and are accepted. We have integrated 48 of this type individual.

Mrs. Smith. You mean 48 are all that have applied?

General Kirk. That have applied and have met the requirements.

Mrs. Smith. What are the requirements?

General Kirk. B. S. degree, majoring in these various specialties, and if they have given good service during the war period.

Mrs. Smith. Mr. Chick, I noticed you referred to State laws. Do

they vary much?

Mr. Chick. I think, Madam Chairman, that there are two States which have—one State and the District of Columbia—which have no registration requirements. The District at the present time is working on its.

Mrs. Smith. What State; will you give it?

Mr. Chick. Montana.

Mr. Durham. In other words, you couldn't come in this corps if you were a graduate of an engineering school in the District of Columbia?

Mr. Chick. No, sir. The requirements for the Sanitary Corps are predicated upon formal education and experience. Is that right, sir [indicating General Kirk]?

Don't confuse that with registration to practice in a given State within the United States. The National Society of Professional Engineers is made up of engineers registered to practice in their States.

Mr. Durham. I see your point.

Mr. Chick. So far as your question, Mrs. Smith, the registration acts of the various States vary, but fundamentally they require a degree in engineering plus minimum practice requirements prior to registration. Some of them require an examination; some of them will admit on showings of graduation plus certain experience require-

Mrs. Smith, Am I to understand that your people prefer the

present status to the proposal in this bill?

Mr. Chick. The status of a separate Sanitary Corps as such.

Mrs. Sмітн. Yes. Mr. Сніск. We would prefer that; but such a thing we do not feel would be quite in line with the consolidation policy, and the setting up of a separate section within the Medical Service Corps would be quite satisfactory.

Mrs. Smith. Would that lead to efficiency and some economy? Mr. Chick. That would leave us an autonomous separate group. Mrs. Smith. You are not opposed to the bill, then, as it is?

Mr. Chick. No; we only wish to modify it to the extent of actually setting up the section itself, and which might be done on the first page, at line 10 of the bill, where the sections are set up—the Pharmacv Section, Medical Allied Science Section, Optometry Section.

Mrs. Smith. The people you represent would like to be named in the bill, wouldn't they, Mr. Clark? That's their real aim, is it not?

Mr. CHICK. Yes.

Mrs. Smith. Any questions, Mr. Durham?

Mr. Durham. One question.

On page 2 of your report you said:

The Medical Administrative Corps is composed of men commissioned because of their knowledge of Army procedures and Army regulations. These men have performed a valuable service, but a great majority of them are without technical training.

What did you mean there?

Mr. Chick. I meant to differentiate between those who are capable of administrative duties and those who are technically trained for a specific field, such as sanitary engineers and such as entomologists.

Mr. Durham. I gather from your statement that their duties have

to do with Army procedures and Army regulations only.

Mr. CHICK. No; I didn't mean to limit it to that.

Mr. Durham. They have other duties?

Mr. Chick. Yes. Their duties are primarily administrative.

Mr. Durham. But go beyond that. Mr. CHICK. Yes; far beyond that.

Mrs. Smith. Mr. Rivers?

Mr. Durham. One other question. Mrs. Smith. Yes, Mr. Durham.

Mr. Durham. In the organization of the Army—for instance, when we were invading France, in what position did the sanitary engineers go in?

Mr. Chick. I can't tell you about the invasion of France, sir.

Mr. Durham. Or any other place?

Mr. Chick. I can tell you about the invasion of Sicily:

Mr. Durham. Sicily is all right.

Mr. CHICK. We took a malaria-control unit in in the invasion of Sicily on D plus 3 or 4, sir.

Mr. Durham. D plus 3 or 4?

Mr. Chick. Yes. sir.

Mr. DURHAM. Pretty near the top.

Mr. CHICK. It was well up.

Mr. RIVERS. Three or four days, you mean? Mr. Chick. Yes, sir.

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. How many sanitary engineers will there be in this

corps in the postwar period?

General Kirk, They won't all be sanitary engineers. That 2,500 that did such a wonderful job -only a small portion were sanitary engineers. We thought, on our planning figure, that in this Medical Allied Science Section —which could have been called Sanitary Section or any other name, but our group preferred this, the name Medical Allied Science Section to Sanitary Section—we believed, in our planning, that the people in that group, of the total Medical Service Corps, would be 38 percent of the total corps; that would be the requirement of what we need in the peacetime Army.

Mr. RIVERS. Roughly, two-fifths.

General Kirk. Thirty-eight percent. For instance, if we had a thousand officers in this total corps, 400 approximately would be in this Medical Allied Section, and they work under the Preventative Medicine Section. They complement it. Doctors and public health men and others. They support that section entirely.

We plan to have a chief of that section that will always be in the

office to advise concerning the personnel, the assignment.

Mr. Durham. In the office?

General Kirk, Yes; in the office of the Surgeon General.

were there during the war, and they are there now.

Mr. RIVERS. Therefore, you would have, roughly 400 out of a possible thousand; two-fifths, roughly, 40 percent; in round figures, 400 would be your group. How many pharmacists would there be in this over-all segment?

Mr. Chick. I don't know, sir.

General Kirk. Speaking of this medical allied science group, we believe it would represent 400 of the total thousand and that 600 would represent the pharmacy section, roughly.

Mr. Rivers. Yes.

General Kirk. It is 60-38. Around 2 to 3 percent in the optom-

etry section.

Mr. RIVERS. I am trying to find out what would be the objection to setting up this group. There is the optometry—the optometrists. They are only 2 percent or 3 percent, and they have a special section. I wondered what was the objection. Is the objection generally because there are some of these other people that are an integral part of the sanitary engineer set-up, like all of those "ologists"—is that the reason?

General Kirk. I think the gentleman might answer that question. Mr. Chick. I think, sir, that the personnel which perform the field work of the preventative medicine program is composed primarily of sanitary engineers and entomologists. They, we feel, might be best set up in a separate section, which—because we are not too closely allied with the laboratory personnel, which makes up much of the remainder of the section.

Mr. Rivers. What is running in my mind—as Mr. Vinson always says—is this: Wouldn't the rest of these people make this same demand that you are making if we departed from this procedure?

Mr. Chick. I don't know, sir. There is this to be considered that, as it is listed there on the chart, the Medical Allied are composed

of two groups, those doing laboratory duties and-

Mr. RIVERS. What do you call them? Mr. Chick. They are the bacterioloigsts, biochemists, parasitologists, serologists, and so on. Our duties are concerned predominately with field work; the actual performance of this preventative program

For instance, the entomologists are concerned primarily with the control of insects. The sanitary engineers are concerned with that, in addition to water and sewage, refuse disposal, and so forth, which

is a field activity.

Mr. Rivers. Supposing a group of nations decided to embark on a program of biological warfare. You, being in the age group where you would be likely called, what would you do then? I mean, your group, the sanitary engineers? Or are we looking into the future too far?

Mr. Chick. Yes, sir. I couldn't plan that now, sir. I really

couldn't answer that.

General Kirk. Might I come into the picture here?

Mr. RIVERS. Yes.

General Kirk. As the captain here stated, he represents one group of this group of specialists. His part is the field group. These other members that we have listed are specialists in the Medical Allied Science Section and are as much a part of the preventative medicine field as his job in the field.

That is why we felt they should be in the same corps. It is a matter of teamwork. There has to be teamwork—in peace or in war. It has to be as much of a team as a football team. That group has to

be in there to give assistance to preventative medicine.

Mr. RIVERS. That is the theory of the Congress. They should be a team.

General Kirk. Yes.

Mr. Philbin. In other words, this group has to use the services of the other groups.

General Kirk. Yes.

Mr. Philbin. You have just balanced the procedure.

General Kirk. Yes.

Mr. Philbin. I think Mr. Chick's problem is this—that this is not named the Sanitary Corps. He has expressed a fear that perhaps men with his training are going to be assigned to nonsanitary engineer-Would there be anything like that? Would that be a ing work. likelihood?

General Kirk. There is no likelihood of that—no more likelihood of it in peacetime than there was in war. It might happen, but the

commander would be very dumb in his assignments to do so.

Mr. Philbix. Obviously, if we go to spelling out this corps in the legislation to the extent that he has asked, we would probably have to spell it out for these other activities that are mentioned in the section. Do you have any objection to putting them all in?

General Kirk. That has been our difficulty for a year and a half,

trying to get these groups together in one corps.

Mr. Philbix. Would there be any objection to putting them all in the bill? And secondly, would there be any need for putting them in from an administrative standpoint, would there be any objection to putting them all in? For instance, after the words "Optometry Section," where he wants to specify the Sanitary Corps.

General Kirk. We could change the name of the Medical Allied Science Section and call it the Sanitary Section, if he prefers that name, and if this committee prefers changing the name and thinks

it will help us to do our job. .

Mr. Philbin. I wouldn't make any difference; they would be doing the same job?

General Kirk. Yes, sir.

Mr. RIVERS. Let's see what he thinks about it.

Mr. CHICK. Thank you, sir.

Mr. Philbin. They are really not all sanitary engineers; isn't that true?

Mr. Chick. That is true.

Mr. Philbix. So it might be a misnomer to call it the Sanitary Section. I think the Medical Allied Science Section is more applicable terminology.

General Kirk. All these other people were part of the Sanitory Corps during the war. We never sent a laboratory man out to do

a sanitary engineer's job.

Mr. Philbin. Did you want to specify a certain percentage of

sanitary engineers?

Mr. Chick. No, sir; we had no percentage in mind; but we did have this in mind that we are not too closely allied and alined, as I say, with the laboratory personnel. We are a field group We feel that we would be better used were we designated and grouped together, those who were concerned with field work. I know that from time to time laboratory men do get into the field, but predominately they are laboratory men.

Mr. Philbin. You are really asking for a separate corps for the

sanitary engineers?

Mr. CHICK. Well, that is all right, but I think you could group along with them the entomologists, that work quite closely with them.

Mr. Rivers. Of course, they will have something to say about

Mr. CHICK. Yes, sir.

Mr. Rivers. Let me ask you one more question. If we had another war today, they would take you back in, probably?

Mr. Chick. Yes, sir. Mr. Rivers. With that eminence in the event of war, your being called in, would that prevent you from telling me how you think the Army treated you during the war, or wouldn't you want to answer?

Mr. Chick. I don't mind answering it, sir.

Mr. RIVERS. Do you feel you got proper recognition during the war?

Mr. Chick. Pretty much so. As I said in the statement, most of us had very high morale with respect to the duties we were assigned to. There were some isolated cases of men assigned to wrong jobs, but predominately they were temporary jobs.

Mr. RIVERS. And that is true with respect to the rest of the people

in there, no doubt, as a general proposition, wouldn't you say?

Mr. Chick. I don't know. So far as the engineers are concerned,

we were pretty well assigned.

Mr. Rivers. Well, is your primary objection then to this bill—and I observed that you did say that when you were in uniform you likewise opposed it—

Mr. Chick. Yes, sir.

Mr. RIVERS. Is the reason for your opposition, as Mr. Philbin has brought out, because it is not a separate group, and you are afraid you will be eaten up by a bunch of people not qualified to eat you up, so to speak?

Mr. CHICK. Yes, sir.

Mr. Rivers. By virtue of number or by virtue of training?

Mr. CHICK. By virtue of numbers.

Mr. RIVERS. By virtue of numbers primarily?

Mr. CHICK. Yes.

Mr. Philbin. You recognize that the Army has to assign you where they can use you best?

Mr. CHICK. Yes.

Mr. Philbin. You might be assigned to administrative work.

Mr. Chick. We appreciate that. We don't object on that score at all.

Mr. Philbin. You do concede that you work in close collaboration in many instances with these other groups?

Mr. Chick. I don't think we work very closely with the laboratory

group.

Mr. RIVERS. Then the other thing in your mind is this: You see where it is written up there "Medical Allied Science"?

Mr. Chick. Yes.

Mr. RIVERS. And you get 38 percent of that.

Mr. Chick. The Medical Allied Science Section is 38 percent of the Medical Service Corps.

Mr. RIVERS. Your chief might be a fellow with only about a 1-

percent or 2-percent chance.

Mr. Philbin. General Kirk, do you have some figures to show just what percentage of the sanitary engineers are of the whole group?

General Kirk. We estimate that in a Medical Service Corps of 1,650, we would need 292 in the Medical Allied Sciences Section. Of the 292, we figure we need 93 sanitary engineers and 26 parasitologists, so that would be setting a corps up with a total of about 105 or 110 people in peacetime.

Mr. Philbin. In other words, they are relatively minor. They are not minor in importance of their duty, but numerically they are minor in regard to the total number of personnel comprised in the corps?

General Kirk. Yes, sir; because in peacetime we will not have nearly the use that we had in any Army of 12,000,000 during the war. So we didn't feel we could set up a corps for each small group that make a part of this team.

Mr. Philbin. I think that you would run into real difficulties if you

tried to do it.

Mr. RIVERS. What do you think?

Mr. Chick. As I have said, sir, we feel that the sanitary engineers, together with any other personnel that might be predominately field work, would be best set up as a separate unit; call it a section, call it anything you like, sir. We work no more closely with the medical, with the laboratory, personnel of this same section than we do with the optometrists.

Mr. Philbin. You have to work very closely with a great many of these groups that are specialists in the Medical Allied Sciences, with bacteriologists, biochemists, parasitologists, serologists, very fre-

quently with the clinical laboratory office.

Mr. CHICK. Very infrequently with any of these folks.

Mr. Philbin. Entomologists?

Mr. Chick. We work quite closely with them.

Mr. Philbin. Toxicologists?

Mr. CHICK. Rarely.

Mr. Philbin. Industrial hygienists?

Mr. Chick. Rarely.

Mr. Philbin. And I suppose rarely with psychologists or psychiatric social workers.

Mr. CHICK. Practically nil.

Mr. Philbin. But you do work with the majority of the classes of

groups set up in the section, don't you?

Mr. Chick. No, sir; I think we rarely work with—infrequently—no more frequently than with any other section do we work with serologists, clinical laboratory, toxicologists, psychologists, psychiatric social workers.

Mr. Philbin. Who do you work with frequently, so that you think they should be associated with you?

Mr. Chick. We work frequently with entomologists.

Mr. Philbin. You suggest then the entomologists and the sanitary engineers should be grouped together?

Mr. CHICK. And possibly industrial hygienists.

Mr. Philbin. Those three groups should be put together?

Mr. CHICK. That is right, sir.

Mr. Philbin. What a surance would you have that you would not be assigned to administrative work?

Mr. Chick. We were not too much concerned with that. We think

that the possibilities are less when we are a separate section.

Mr. Rivers. Let's call it the sanitaryologists, then.

Mr. Philbin. General Kirk, we could say, could we not, that you wouldn't be assigning sanitary engineers outside of their scope?

General Kirk. No; as you see, after each man is a number —

Mr. Philbin. I wanted to ask about the numbers. What do

they mean?

General Kirk. Each officer in the Army is classified by civilian or military training or experience into a military occupational specialty (MOS). Code numbers are assigned to each military occupational specialty. These code numbers are referred to as specification serial numbers (SSN). Thus every officer in the Army is assigned an MOS and an SSN.

We have a Medical Corps comprised of many doctors. All doctors aren't the same. We have specialists in medicine, in surgery, and so on. Each specialty has a number. Then we grade those numbers, A, B, C, D, according to how good a specialist he is. They are

all in the group. Here is a group of people that have to do with preventative medicine and each one is properly classified so that he will always be assigned to a position where his proper skills and training can be best utilized.

Mr. Philbin. That work is more closely associated than might

appear on the surface?

General Kirk. Yes, sir. In peace a sanitary engineer would be in headquarters of each of our Army areas in the United States. They would be associated with all these people under preventative medicine.

Mr. Philbin. This is a preventative medicine program? General Kirk. Yes; except the psychologist and psychiatric social worker, who supplements the psychiatrist. They are semiprofessional people.

Mr. Philbin. You think they fit more appropriately there than in

the Medical Corps?

General Kirk. They don't belong in the Medical Corps. They are not doctors. These are psychologists.

Mr. Philbin. Professional psychiatric workers, not licensed

physicians?

General Kirk. Yes: they are an aid to the psychiatrist, the same as the sanitary engineers are in the preventative medicine field. We grouped them for administrative purposes. He has a different number. He will not be sent out to do the job of the sanitary engineer -and I hope the sanitary engineer will not be sent out to look at a crazy man:

Mr. RIVERS. What would be the situation if you put a psychiatric social worker in charge of this section, how would that affect the

morale of this group?

General Kirk. It would be bad; and suppose we put a laboratory man in charge, that would be fine for the laboratory man, but I don't know, sir, how we can please everybody and run an Army.

Mr. Rivers. Yes; I am just asking because you are the one that

wrote it.

General Kirk. We think it will work, sir.

Mr. RIVERS. They are eligible?

General Kirk. Yes.

Mr. RIVERS. But they won't get it. I am just trying to follow this to a logical conclusion.

General Kirk. I am sure that if I wanted information on sanitary

engineering I wouldn't call a psychiatric social worker.

Mrs. Smith. It is true that we cannot write everything into the law, isn't it? Much must be left to the administering of the law.

General Kirk. It must, or else it wouldn't be a good law.

Mrs. Smith. Any further questions of the witness?

Thank you very much, Mr. Chick.

Are there any other witnesses outside of the Army to be heard? Dr. Fischelis, do you want to make a statement at this time?

STATEMENT OF ROBERT P. FISCHELIS, SECRETARY AND GENERAL MANAGER, AMERICAN PHARMACEUTICAL ASSOCIATION, WASH-INGTON, D. C.

Mr. FISCHELIS. Madam Chairman, I would like to say that the pharmaceutical group had discussed with General Kirk some possible amendments to the bill as it now stands, and I presume that those

amendments will be presented some time, and when they are we would like to have the opportunity to comment on them, if it is possible.

Mrs. Smith. The committee expects to hear General Kirk tomorrow morning at 10, if it is convenient to you, General. Before we start reading the bill. Do you want to make any suggestions or recommendations about amendments that you are interested in, Mr. Fischelis?

Mr. Fischelis. We would like to say that there are four amendments that we are interested in, one to provide definitely for a Chief of the Pharmacy Section who is to be a pharmacist with the proper qualifications, secondly, that the bill be amended to provide for an educational requirement for all who enter the Pharmacy Section; third, that where the percentages are specified in the section as to the number who shall be first assigned to the Pharmacy Section and, fourth, what percentage of the number who are in the Pharmacy Section shall be pharmacists as they are added to the section from year to year, that that number be a specified percentage—and I believe the percentage of 80 percent has been mentioned here—I believe there was one other.

Well, those are the amendments that we would like to see in there. Mrs. Smith. Thank you very much, Doctor, Then you will be in

here when we are reading the bill?

Mr. Fischelis. Yes.

Mrs. Smith. Are there any other questions? Witnesses?

Mr. McCracken. On behalf of the

Mrs. Smith. Will you give your name to the reporter? Mr. McCracken. My name is William P. McCracken, Jr.

On behalf of the optometric—the American Optometric Association, I would like to ask the privilege of putting on a couple of witnesses tomorrow morning. I felt sure that the pharmaceutical group would take all morning. These men that I will put on are from out of town.

Mrs. Smith. Will they have their statements prepared?

Mr. McCracken. I will have statements ready for tomorrow

morning.

Mr. RIVERS. May I make this observation? Tomorrow morning we have the portal-to-portal bill on the floor. It is entirely possible that we can meet at 11 o'clock.

Mrs. Smith. The Chair would state that if members get here at 10 o'clock promptly we will open the hearing at 10, hear the two witnesses

briefly, and go on with General Kirk.

Perhaps we can finish the bill or come to the point of reading the bill for amendments tomorrow morning.

(The following exhibits were submitted for the record:)

EXHIBIT A

THE TREND IN PHARMACEUTICAL EDUCATION

(By A. G. DUMEZ, Dean, School of Pharmacy, University of Maryland)

[Reprint of address presented at the annual meeting of the National Drug Trade Conference, held in Washington, D. C., December 10, 1941]

The trend of pharmaceutical education in this country since its inception, nearly a century and a quarter ago, has been constant. There have been periods when it was hardly discernible, but its course has never varied in direction. It has always pointed toward higher standards of attainment for those who would

qualify as pharmaceutical practitioners or as specialists in the many branches of pharmacy, and the end of the movement is not yet in sight. There are already many who would extend the period of formal instruction to 5 years, 1 year more

than is now required.

At the end of the Revolutionary War, there were three classes of persons, besides physicians, who dealt in drugs and medicines, namely: A relatively few persons who were educated and trained as pharmacists in Europe, those who learned what they knew about drugs and medicines by serving as assistants to busy physicians, and the dealers in general merchandise, who were at that time the chief source of supply for practically all commodities. As time went on, these different classes of dealers in drugs and medicines discovered that their main interests were identical and that there were advantages to be gained in working together. Following this discovery, there gradually developed among them a class consciousness.

The available historical records reveal that, during the latter part of the 18th century and in the early part of the 19th century, there was a gradual amalgamation of these three groups of practitioners into one uniform profession with common interests and aims. One of these aims, the one which has a bearing on the subject I am placing before you for discussion at this time, was the inauguration of some system of education for their assistants comparable to that already estables.

lished for students of medicine.

There is not the time or do I have the inclination to bore you with a detailed account of the steps taken by some of the medical schools and other educational institutions to furnish instruction in pharmacy. Suffice it to say that formal or systematic education in pharmacy for those who intended to become pharmaceutical practitioners began in this country with the foundation of the Philadelphia College of Pharmacy in 1821 by the College of Apothecaries of Philadelphia. This precedent set by the College of Apothecaries of Philadelphia was followed by the pharmacists of the larger cities of the country. Colleges of this type were established in New York in 1829, in Baltimore in 1841, in Chicago in 1859, in Boston in 1867, in Cincinnati in 1870, in St. Louis in 1871, in San Francisco in 1872, and in Washington, D. C., in 1873.

These schools founded and managed by pharmacists actively engaged in practice had for their primary objective the supplementing of the training received by apprentices in the drug stores and were operated mostly at night to suit the convenience of the proprietors. It was the apprenticeship system improved, but still essentially the apprenticeship system. The time spent in the store continued to be the prime requisite to a certificate of proficiency. The course of lectures taken in the college simply served as a kind of superstructure, the main object of which was to systematize to some exent the information and experience irregularly acquired while serving an apprenticeship and assistantship of 4 or more years. This condition prevailed until some time after the inauguration of instruction in

pharmacy in our State universities.

The first of these schools operated as a university unit was established at the University of Michigan in 1876. This event, important in itself, is of particular significance because it ushered in the application of university methods and standards to pharmaceutical education and because it marks the beginning of

the present trend in pharmaceutical education.

The change in the old order brought about by the inauguration of instruction in pharmacy in our State universities was vigorously opposed by the independent schools on the ground that the university teachers lacked drug store experience and that such experience was a primary requisite for teaching pharmacy students. Whether it was because of this opposition or for some other reason, no more schools of this kind were established in State universities until 1883, when a school of pharmacy was established at the University of Wisconsin. From then on, the movement spread rapidly and, within the next 13 years, no less than 11 such schools were established, viz.: Purdue University in 1884, University of Iowa in 1885, University of Kansas in 1885. Ohio State University in 1885, Cornell University in 1887, South Dakota Agricultural College in 1888, University of Mianesota in 1892, Alabama Polytechnic Institute in 1895, University of Washington in 1895, State Agricultural College of Washington in 1896, and the University of North Carolina in 1896. At the present time instruction in pharmacy is offered by most of our State universities.

The wholesome influence of the university schools on pharmaceutical education was r cognized almost immediately, and, by 1895, university standards and ideals were so firmly implanted that they drew forth the following comment which appeared in the proceedings of the Section on Education and Legislation of the

American Pharmaceutical Association for that year: "Institutions that were founded by "impractical" university teachers have proven their right to existence to such an extent that those who criticized them in former days, although ostensibly maintaining their earlier ground, are in reality undermining their own foundation by silently accepting the ground of their supposed opponents."

The general and fairly prompt acceptance of university methods and standards by the independent school is not to be attributed wholly to the fallacy upon which the opposition based its stand. The growing realization on the part of the body pharmaceutic, that a radical change in the educational system was necessary if pharmacy was to survive as a profession, was, in my opinion, the major factor. It was realized, that the old idea of a course of study comprised wholly of subjects of strict pharmaceutical application superimposed on the apprenticeship system was no longer tenable and must be abandoned. Furthermore, that the best way to bring about the desire I change was to reorganize the course of study in pharmacy to bring it into conformity with the broader curricula of the university departments and thereby give the student in pharmacy the same opportunity for independent study and research open to students of the other professions.

Although pharmaceutical education had been included in the general educational program of more than 30 of our universities by 1900, conditions were far from being satisfactory measured in terms of collegiate standards. Most of the schools of pharmacy at that time required the completion of only 1 or 2 years of high school work for entrance and the course of instruction in pharmacy covered a peric of only 2 years, whereas the completion of at least 4 years of high school work was required for admission to the other professional schools and a minimum

of 3 years of college work for a degree.

It seems that a severe jolt of some kind was necessary to awaken us to the recognition of our deficiencies. The jolt came shortly after our entry into the First World War. I well recall the ultimatum delivered to us in Washington, D. C., on September 30, 1918, by Dr. R. C. McLaurin, Chairman of the Government Educational Plan, at a conference of pharmaceutical educators and others which had as its objective the establishment of a Student Army Training Corps in schools of pharmacy. He declared: "If the colleges of pharmacy desire the same consideration accorded the other professional schools, they must demand of their students the same conditions for entrance and the same type of professional work required by these other professional schools."

Among the immediate effects of Dr. McLaurin's declaration were the creation of a more widespread interest among pharmacists in pharmaceutical education and the awakening of pharmaceutical educators and pharmacy board members to the necessity for prompt action in devising ways and means of meeting the

requirements laid down in this declaration.

From this time on, rapid progress was made in advancing the standards of pharmaceutical education. The American Association of Colleges of Pharmacy, organized in 1900; the National Association of Boards of Pharmacy, organized in 1904; and the American Pharmaceutical Association joined together to work out a program of advancement. As examples of some of the results achieved by this joint effort, it is pointed out that the entrance requirement for admission to colleges of pharmacy was advanced from 1 year of high-school work to the completion of 4 years of high-school work in 1920; the course in pharmacy was lengthened to 3 years of college work in 1925 and to 4 years in 1932; the pharmaceutical curriculum was broadened to include cultural and business subjects as well as the foundational subjects necessary to enable students who desire to continue study beyond the requirements for the baccalaureate to pursue the graduate work which will fit them for service in pharmaceutical manufacturing plants, research laboratories, and for teaching positions in our colleges of pharmacy.

One of the glaring defects in pharmaceutical education, as late as 1932 and later, was the wide variation in the curricula of the different colleges. To make certain that there would be a reasonable degree of uniformity in these curricula, there was organized in 1910 the National Pharmaceutical Syllabus Committee. Its membership consists of seven representatives appointed by the American Association of Colleges of Pharmacy, the National Association of Boards of Pharmacy, and the American Pharmaceutical Association. The duties of this committee are to determine the nature and content of the subjects which shall comprise the pharmacy curriculum, to fix the limits of time to be devoted to each, and to outline the separate courses of study. Since 1910, this committee has published four editions of the National Pharmaceutical Syllabus and it is now engaged in the

preparation of the fifth edition.

To bring about general observance among the institutions desiring to give instruction in pharmacy of at least the minimum requirements found to be essential for the proper operation of a college of pharmacy, there was organized in 1932 the American Council on Pharmaceutical Education. This is also a joint committee composed of three representatives from each the American Association of Colleges of Pharmacy, the National Association of Boards of Pharmacy, and the American Pharmaceutical Association, and one representative from the American Council on Education. Colleges of pharmacy, which make application and which, after thorough investigation, are found to meet the council's standards for accreditation, are placed upon the roll of accredited colleges of pharmacy.

The standards referred to were drafted after several years of study in cooperation with the colleges of pharmacy, the State boards of pharmacy, State departments of education, and various other national and State pharmaceutical organizations. They represent what is believed to be the minimum in financial support, physical plant, equipment, number and qualification of faculty members, hours of instruction, et cetera, essential for the proper operation of a college of pharmacy

instruction, et cetera, essential for the proper operation of a college of pharmacy. Up to the present time, 67 colleges have made application for accreditation by the council and 60 of these have been accredited. Some of the latter did not measure up to all of the council's requirements and have been given accreditation for a period not to exceed 1 or 2 years to permit them to make up minor deficiencies.

The colleges which were denied accreditation on their first application, but which have submitted a second application based on improvements made subsequent to the first and a few others which were given accreditation on the condition that certain minor deficiencies would be made up within a definite period of time are now undergoing reinspection. In addition to this activity, the council is at present engaged in the revision of its standards in the light of the information which has come into its possession through the inspection of the 67 colleges of pharmacy already examined for accreditation. As a result of the critical studies made in this light, the council has concluded that its standards on the whole are sound, but that the meaning of certain requirements might be carified by making changes of a minor nature.

In its final approach to the task of revision of its standards, the council has assumed that the course in pharmacy would not be lengthened, in the immediate future at least, beyond 4 years of college work, which is the minimum now required. In making this assumption, it was realized that the present tendency among universities is to make the requirements for admission to the schools of the health-service professions identical: that is, the completion of at least 2 years of preprofessional college work, consisting mainly of cultural and foundational subjects. At least 3 years of additional work in a professional school would be required for graduation. This movement has also found support among some of the deans of our schools of pharmacy and others. It is my opinion, however, that the present is not the time to make changes which would impose additional burdens upon the colleges or the students, and that there is little prospect of the advancement of the standards of pharmaceutical education beyond the present 4-year college course in the near future.

In conclusion, I will say that it seems to me what is most urgently needed at the moment is not the advancement of our standards in education, but a concerted effort on our part to induce a better quality of young men and young women to take up the study of pharmacy and to assure ourselves that these young men and young women will enter and be graduated from our colleges of pharmacy in numbers adequate to maintain pharmaceutical service to the public on reasonably high levels of proficiency and efficiency. I believe, further, that we should be extremely careful to guard against being carried away by what may prove to be a temporary condition brought on by the present emergency and

which will no doubt be aggravated now that we are actually at war.

Exhibit B.—Suggested curriculum for the bachelor of science degree in pharmacy
[From the pharmaceutical syllabus]

	Clock	hours	Semester	Quarter
	Didaetie	Laboratory	hours	hours
FIRST YEAR				
Pharmaceutical calculations. Fundamental principles and processes of pharmacy History, literature, and ethics of pharmacy I Botany I Zoology I Goneral chemistry English Mathematics	32 32 16 32 32 96 96	0 48 0 64 64 96 0	2 3 1 4 4 8 6 6	3 4. 1. 6 6 6 12 9
Total	432 7	04 272	34	51
SECOND YEAR		1		•
Pharmaceutical preparations I Pharmacognosy. Organic chemistry Economics Physics Qualitative chemistry	32 96 128 48 96 32	32 96 96 0 64 96	3 8 10 3 8 5	4. 12 15 4. 12 7.
Total	432	384 84	37	55.
THIRD YEAR			AND AND THE PERSON NAMED IN COLUMN TWO ISSUES NA	
Pharmaceutical preparations II Pharmacy of medicinal products I. Pharmaceutical economics I: Marketing of drug products. Physiology. General bacteriology Quantitative chemistry	64 32 32 48 32 64	128 48 0 48 96 96	8 3 2 4 5 7	12 4. 3 6 7. 10.
Electives	270	416		
Total	8	40	29	43.
FOURTH YEAR				
Pharmacy of medicinal products II. Dispensing pharmacy. Pharmaceutical law. Pharmacology. Public health and hygiene. First aid. History, literature, and ethics of pharmacy II. Pharmaceutical economics II: Management of retail pharmacies.	32 64 32 112 32 10 32	48 128 0 80 0 10 0	3 8 2 9 2 1 1 2	4. 12 - 3 13. 3 - 1. 3
	346			
Total	2	28	29	43.

¹ These two courses may be included in a course in Biology with the same time allotment.

The semester hour is equivalent to 1 didactic hour per week per semester of 16 weeks of actual instruction, to 3 clock hours of actual laboratory work per week per semester, or to 2 clock hours of actual laboratory work plus 1 clock hour of laboratory notebook work per week per semester. The semester hour is equivalent to 3/2 or 1.5 quarter hours.

The quarter hour is equivalent to 1 didactic hour per week per quarter of approximately 11 weeks of actual instruction, to 3 clock hours of actual laboratory work per week per quarter, or to 2 clock hours of actual laboratory work plus 1 clock hour of laboratory notebook work per week per quarter. The quarter

hour is equivalent to 2/3 of the semester hour.

EXHIBIT C

GUIDANCE LEAFLETS

PHARMACY

[This is a reprint by the American Pharmaceutical Association of leaflet No. 14 (Revised in 1943)]

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(By Walter J. Greenleaf, Specialist in Higher Education)

[Leaflet of a series on college counseling and advising for the professions; what the occupations are; what preliminary education is required; where professional training is offered; length of training; student budgets; and selected references. The series is designed for the use of high-school and college students, orientation classes, guidance committees, counselors, teachers, and parents.]

PHARMACY AS A CAREER

Pharmacy, as generally practiced, may be defined as the science and art of preparing from crude vegetable, animal, and mineral substances and chemicals, materials in suitable and convenient form for use as drugs; the compounding of drugs; the dispensing of drugs and medicines according to prescription; and their distribution in other ways. For the purposes of the recently enacted federal Food, Drug and Cosmetic Act, "The term 'drug' means (1) articles recognized in the official United States Pharmacipoeia, official Homeopathic Pharmacopoeia of the United States, of official National Formulary, or any supplement to any of

them; and (2) articles intended for use in the diagnosis, cure, mitigration, treatment, or prevention of disease in man or other animals; and (3) articles (other than food) intended to affect the structure or any function of the body of man or other animals; and (4) articles intended for use as a component of any article specified in clause (1), (2), or (3); but does not include devices or their components, parts or accessories."

As practiced in all of its branches, pharmacy also embraces the collection, identification, preservation, analysis, and standardization of drugs and medicines; the synthesis of medicinal chemicals; and the preparation of biological products. A knowledge of the physical, chemical, and biological sciences is, therefore, essential for the intelligent practice of pharmacy, and persons contemplating it as a career should elect, if possible, courses in physics, chemistry, botany, biology

or zoology, and physiology, as a part of their high-school work.

Today pharmacy is recognized as a public-health profession in every civilized nation of the world, and its practice in each is regulated by law. Its development as a public-health profession in this country includes advances in pharmaceutical education and training; in the legal registration and licensing of pharmacists by the States; in legislation (1) for limiting the practice of pharmacy to those licensed, (2) for regulating the distribution of poisons, narcotics, and alcoholic liquors, and (3) for controlling the quality and purity of drugs and medicines; in the establishment of national and States agencies for the enforcement of such legislation for the protection of the public; and in the stimulation of research to develop new drugs and to improve standards.

The origin of pharmacy is lost in antiquity, but is identical with the beginnings of medicine. The word "pharmacy" is derived from the Greek word meaning "the use of a drug, potion, spell, or witchcraft," and the familiar Rx (meaning "recipe"), which physicians still use to head their prescriptions, was originally an invocation to Jupiter. The Egyptians attributed the medicinal virtues of plants to spirits that dwelt within them, and prescriptions dispensed by the priests of Isis to the sick were accompanied by the chant of incantations and spells. Astrologers of the Middle Ages believed that plants, animals, and minerals were under the influence of the planets and named them accordingly—lead was named "Saturn," iron, "Mars," etc. By slow degrees, sorcery lost the confidence of the people, and loathsome mixtures and concections of toads and vipers, such as described by Shakespeare in Macbeth, disappeared as a result of reason and research. When chemistry finally replaced alchemy, the art of compounding was separated from the art of prescribing, and mysticism was gradually relegated to obscurity with the introduction of pharmacopoeias.

STANDARDS

The unification and standardization of drugs were early recognized by the physicians and pharmacists as being desirable, and the efforts to this end resulted in the issuing of pharmacopoeias and later of formularies. The early official pharmacopoeias were city and State publications which later became national in scope. One of the first of these was the Nuremberg Pharmacopoeia published in 1542. At the present time every civilized country has its national pharmacopoeia. In the United States the first pharmacopoeia to make its appearance was published in 1778—a 32-page leaflet for use in the military hospital of Washington's army. The Pharmacopoeia of the United States of America, our national pharmacopoeia, was first issued in 1820. It is revised every 5 years with supplements issued as required, and the twelfth revision is official today. As the number of drugs increased, it became necessary to limit the scope of the Pharmacopoeia. In 1886 the American Pharmaceutical Association issued the National Formulary, the seventh edition now being official, to provide standards for those drugs, especially preparations which could not be included in the Pharmacopoeia. As far as practicable, the Pharmacopoeia is limited to simples and the Formulary to preparations.

With the passage of the Federal Food and Drugs Act of 1906, the United States Pharmacopoeia and the National Formulary were first recognized as legal standards for the enforcement of the act. The enactment of the new Federal Food, Drug and Cosmetic Act of 1938 also establishes the United States Pharmacopoeia, the National Formulary, and supplements to both as official standards for its enforcement. These volumes contain lists and descriptions of materials used in medicines with formulas, processes, tests for identity, purity, strength, etc., pertaining to the articles listed. They serve the purpose of standardizing drugs and preparations and thereby insure uniformity in the

medicines dispensed by pharmacists.

FUNCTIONS

Collegiate education and training is designed to prepare the pharmacist to conduct a pharmacy, to prepare, compound, distribute, and dispense drugs and medicines, including narcotics, poisons, and serums; to furnish sick-room supplies; to distribute insecticides and fungicides; to make analytical and microscopic examinations and prepare diagnostic reagents; to furnish health information and

service; and to do these on sound economic principles.

The American drug store or pharmacy of today not only fills prescriptions and distributes drugs and medicines, but often maintains a soda fountain, a lunch counter, tobacco and candy counters, and frequently offers for sale many unrelated articles. Some critics hold that the occupation is overcommercialized, while others defend the addition of side lines as necessary in order that the pharmacist in small towns may be able to sustain himself, and in large cities to pay the high rents and overhead usually associated with a strategic location.

QUALIFICATIONS

Among the qualifications which a pharmacist should possess are the following,

which have been culled from The Commonwealth Study:

"The pharmacist must be a cultured man; he must possess professional morals and those psychological and ethical traits that have demonstrated their importance; he must be familiar with the commercial phases of pharmacy; he must be able to fill prescriptions accurately; he must understand what drugs should be manufactured and what drugs should be purchased; he should be able to furnish information and materials for the control of insects, fungi, etc.; he must be competent to understand and use the United States Pharmacopoeia and the National Formulary; he must be able to disseminate information about public health and furnish first-aid material and advice; he should know something about the nature of disease; he should have a wide range of miscellaneous scientific information outside of the college curriculum in pharmacy; he must be familiar with the Federal and State laws governing his profession; he must grow in information and skill after he graduates. His duties and function are ever-changing and he must be active in his work in order to keep up to date. Some pharmacists must carry on research work. In all of these activities he should cooperate with physicians in the interest of public health."

The services the pharmacist renders are so important and the substances he handles so dangerous, that five traits of character and personality which should constantly control his actions are emphasized; namely, accuracy, honesty, dependability, professional technique, and cleanliness. Those who do not possess and constantly develop these traits are not likely to succeed as pharmacists and may bring themselves into conflict with the many laws and regulations governing

pharmacy.

OPPORTUNITIES

About 85 percent of the graduates of colleges of pharmacy enter pharmacies and drug stores where they may become proprietors or managers, assistants, chemists, research workers, etc. Private ownership is profitable when the location is chosen with consideration for population, competition, etc., when dependable service is given, and business principles applied. Hospitals provide pharmaceutical departments in charge of pharmacists. Manufacturing pharmacists, drug manufacturers, and industrial laboratories employ pharmacists as executives and representatives and for control and research work involving medicines, drugs, cosmetics, vaccines, and similar products: the wholesale and manufacturing druggists employ trained men as representatives; publishers also have openings for experienced pharmacists, and many are engaged in pharmaceutical education.

The Federal Government employs pharmacists in the Army, the Navy, the Public Health Service, the Alcohol Administration, the Bureau of Narcotics, the Food and Drug Administration, the Veterans' Administration, and in other

divisions.

The States employ pharmacists in the enforcement of the various laws regulating

the profession and as pharmaceutical chemists and research workers.

The Personnel Classification Division, United States Civil Service Commission, places pharmacy in the professional and scientific service. As the educational requirements for entering the profession of pharmacy have increased, there has been a corresponding recognition on the part of the Government of the professional qualifications of pharmacists.

WOMEN IN PHARMACY

About 4 percent of the pharmacists are women (see census). They hold positions in hospitals, laboratories, in the various Government services and in pharmacies, but seldom as managers or proprietors. In some colleges they serve as instructors. While there are few physical limitations for women in pharmacy, certain States ban night work for women in drug stores.

While incomes of pharmacists vary in different sections of the country, a good estimate of the salary that a new graduate in pharmacy may expect once he becomes a licensed pharmacist is about \$40 per week, increasing with experience. A manager of a pharmacy may earn \$60 per week or more. The successful independent owner may not from \$2,000 to \$20,000 or more annually.

National drug store survey.—The Department of Commerce began in March, 1931, a study of representative drug stores in the St. Louis district which aimed to present a detailed analysis of their operations in order to identify the sources of profit and loss. The commercial phases of this survey were presented in a series of publications by the Department of Commerce. The professional phases were published by the American Pharmaceutical Association in the Professional Pharmacy, the second edition of which was issued in 1936.

The names of approximately 105,000 pharmacists were carried on the rolls of the State boards of pharmacy in 1930 and approximately 107,000 in 1940 A considerable number of these pharmacists were licensed in more than one

State, were engaged in other activities or had retired.

The Bureau of the Census, United States Department of Commerce, Washington, D. C., reported in its census of occupations, that 78,708 men and 3,216 women or a total of 81,924 pharmacists, were actively engaged in the profession in March 1940. It is estimated that about 72,000 pharmacists were employed in the pharmacies or drug stores of the country, or about 1.25 per pharmacy, or about 1 per 1,800 population.

Approximately 1212 percent of the pharmacists were serving in the armed forces on December 31, 1943.

Insurance and other authorities estimate the annual losses through deaths, retirement, and other causes as 2.6 percent; therefore, 2,130 new pharmacists are required annually based on the 81,924 who were actually engaged in 1940. The State boards of pharmacy licensed 2,287 pharmacists in 1940, 2,258 in 1941, and 2,301 in 1942, of which numbers about 10 percent were duplicate registrations. The Bureau of the Census reported 58,258 pharmacies or drug stores or 1 per

2,200 population, in 1929; 56,519, or 1 per 2,200 population in 1935; and 57,903, or 1 per 2,270 population in 1939. The population ratio was lower than the

average in cities and higher in surburban and rural areas.

Of the 57,903 pharmacies reported in 1939, 41,987 were individual proprietorships, 6,454 were partnerships, and 9,260 were corporations: 4,125 were owned by chains. The State pharmacy laws require that a pharmacy or drug store be in charge of a licensed pharmacist at all times it is open for service.

STATE REQUIREMENTS FOR LICENSURE

Preliminary education.—Four years of high-school training is the preliminary requirement for pharmacists in all States. (See table, p. 6.) Where no mention of high-school training is made in the law, the requirement is automatic if college graduation is required, as high-school graduation is a prerequisite for college

College education.—In 46 States and the District of Columbia graduation from a college of pharmacy is required. In two States it is still possible to enter the profession with practical experience only, and such States allow credit for time

spent in a college of pharmacy. (See table, p. 6.)

Practical experience.—In addition to college graduation, 42 States and the District of Columbia require also a certain amount of practical experience varying from 1 to 4 years. (See table, p. 6.)

Age.—All applicants for licensure must be at least 21 years of age.

LICENSURE

Every pharmacist must be licensed in the State of practice either by examination or by reciprocity; in a few States such licensure is permanent, but is required annually in most States. Many States also require an annual permit for pharmacies and that the names of the pharmacists practicing in each pharmacy be given, with prompt notice of changes.

STATE BOARD EXAMINATIONS AND RECIPROCITY

In order to practice pharmacy, an applicant must pass a licensing test before some State board of pharmacy. Both students and pharmacists should know about reciprocity between States and how it operates, in order to avoid complications which may arise in changing residence from one State to another. An applicant who desires to transfer must submit his credentials to the National Association of Boards of Pharmacy, where his record is checked as to his eligibility in the State to which he desires to transfer. If satisfactory, an official application blank is issued; the recipient board then acts on the case, but the issuance of an official blank does not guarantee registration in any State. New York and California are the only States that do not reciprocate through the National Association of Boards of Pharmacy. The basic rule for reciprocity is as follows: "The applicant must have had the legal qualifications at the time of examination and registration in the State from which he applies, which would at that time have enabled him to qualify for examination and registration in the State to which he is applying for reciprocal registration." For example, graduate pharmacists who are registered in Vermont or Nevada, where there are no college-training requirements, are not penalized because of their State's lack of this requirement, but are eligible for reciprocal registration in a State in which they could have qualified on the date of their original license for examination and registration; the basis for reciprocity is the personal qualification of the applicant rather than State requirements. For further information address the secretary of the National Association of Boards of Pharmacy, 130 North Wells Street, Chicago, Ill.

THE SCHOOLS AND COLLEGES

The first college of pharmacy was established in Philadelphia in 1821. In 1899 there were 52 schools and colleges with 3,563 students. The entrance requirements included the completion of the eighth grade. In 1920 the entrance requirements were raised to 2 years of high school, and in 1923 to 4 years of high school. The American Association of Colleges of Pharmacy required its members to extend their courses to 3 years in 1925 and to 4 years in 1932.

1943—Minimum State requirements for the practice of pharmacy and license

State	Educe requi		Practical experi- ence re-	chip ro- notion		Annual license renewal	Phar- macy permit re-	Number pharma- macists licensed by exami-	phare licen recipi July to Ju	mber macists sed by rocity 1, 1942 aly 1, 43
	High school year en- acted	College year en- acted	quired	- quireu	,	fee	quired	nation, 1942	In	Out
Alabama Arizona Arkansas California Connecticut Delaware Dist. of Columbia Florida Georgia Idaho Illinois	1927 1935 1925 1928 1929 1923 1927 1928 1928 1927 1925 1920	1927 1935 1936 1928 1929 1925 1927 1928 1928 1934 1925 1917	1 year	No No Yes First papers. Yes Yes Yes Yes Yes Yes Yes Yes Yes	\$15 15 15 10 10 10 15 15 15 15 15 15 15 15 15 15 15 15 15	\$2323 32252	Yes Yes Yes Yes Yes Yes Yes Yes No No No No	22 2 4 110 9 72 1 25 22 62 24 86	9 22 8 20 15 12 2 56 35 11 8 23	12 3 13 1 1 10 5 2 6 4 15 27 24

See footnotes at end of table, p. 1621.

State	Education required		Practical experi- ence re-	Citizen- ship re-	Exami- nation	Annual license renewal	Phar- macy permit	Number pharma- macists licensed by exami-	pharn licens recipi July 1 to Ju	nber nacists sed by rocity 1, 1942 ily 1, 43
	High school year en- acted	a Col- ol lege year en-		nation, 1942	In	Out				
Indiana Iowa Kansas	1923 1925 1921	1920 1917 1929	1 year do	Yes Yes	\$10 10 10	\$3 2 2	Yes No Yes	116 38 38	22 7 4	19 . 17 23
Kentucky Louisiana Maine	1926 1928 1927	1924 1928 1931	do	Yes No First papers.	25 25 15	6 5 2	No Yes	32 23 8	9 4 0	13 9 2
Maryland Massachusetts Michigan Minnesota	1920 1948 1924 1920	1920 1948 1938 1929	4 years 4. 1 year do	Yes Yes Yes	25 5 1 20 1 10	None None None	Yes Yes Yes	22 202 145 41	20 6 16 3	13 15 9 10
Mississippi Missouri Montana	1921 1923 1926	1921 1937 1926	None 1 year do 5	Yes Yes	1 10 15 15	None 2 5	Yes No Yes	9 54 11	0 20 7	15 18 6
Nebraska Nevada New Hampshire New Jersey	1920 1914 1927 1923	None 1939 1920	5 years 2 years 1 year 7	Yes Yes Yes First	15 110 10 25	3 2 62 2	Yes Yes	16 45 7 56	2 7 3 9	18 3 4 13
New Mexico New York	1935 1925	1935 1905	do	papers. No First papers.	15 10	3 1	No Yes	1 224	13	14 1
North Carolina North Dakota Ohio Oklahoma	1922 1913 1920 1921	1922 1915 1915	do	Yes No Yes	10 15 25	5 5	Yes Yes No	25 10 167	4 0 18	8 9 26
Pennsylvania Rhode Island	1919 1925 1910	1923 1922 1906 1910	do do None	Yes Yes Yes	10 20 1 5 10	None	Yes Yes Yes	31 18 176 18	13 15 7 0	30 10 48 6
South Carolina South Dakota Tennessee Texas	1923 1927 1919 1926	1933 1931 1941 1934	1 year do do do	Yes No Yes Yes	1 20 1 10 15 10	4 5 3 5	Yes Yes Yes	23 18 23 58	0 1 22 56	5 10 14 15
Vermont Virginia	1925 1929 1922	1927 None 1922	4 years 1 year	Yes Yes	15 10 25	6 4 2	Yes Yes	15 20 34	24 5 15	2 1 9
Washington West Virginia Wisconsin Wyoming	1914 1923 1926 1925	1914 1923 1927 1933	None 2 years 1 year do	Yes Yes Yes No	10 1 20 1 20 1 5	3 6 2 3 4	Yes Yes Yes	86 15 40 0	28 6 2 4	8 8 9 10
Alaska Hawaii Philippine Islands		None	5 years	Yes	10	2	No			
Puerto Rico	1927	19?7	do		1 10		No	i	1	. 2
Total								2, 304	574	574

¹Additional fee for initial certificate.

Sixty-seven schools and colleges offered course in pharmacy leading to a degree and all had women students, in 1943. Sixty-one of these schools held membership in the American Association of Colleges of Pharmacy, which is a member of the American Council on Education.

The American Council on Pharmaceutical Education, composed of representatives from the American Pharmaceutical Association, the American Association of Colleges of Pharmacy, and the National Association of Boards of Pharmacy, with an advisory representative from the American Council on Education, was organized to establish standards for pharmaceutical education and registration

No reciprocity.Triennial.

⁴ Until then (1948) 4 years of experience.

⁵ I year of experience must be subsequent to graduation from college in a pharmacy approved for that purpose.

Blennial. i full year of experience must be subsequent to graduation from college in a pharmacy approved for that purpose.

and has accredited 64 schools of the 64 located in continental United States of America.

Colleges of pharmacy require "evidence of the satisfactory completion of four years of high-school work or its equivalent" (constitution of the A. A. C. P.) for entrance. These admission requirements vary somewhat with different colleges, but in general, the requirements are: English (4 years), 3 units; history or social science, 1; algebra, 1; plane geometry, 1; science, with laboratory work, 1; 3 additional units to be selected from English, languages other than English, mathematics, science, history, and the social sciences: also 5 additional units from other subjects offered for graduation in secondary schools, which subjects are variously restricted by different colleges.

The A. A. C. P. requires that no more than 1 year of credit in time shall be

given to any student applying for advanced standing from an institution other than a college of pharmacy unless such credit shall be for graduate work in applied subjects done in a recognized graduate school or other educational institution. This means that a student must spend 3 years of resident study in a college of pharmacy before he can be awarded the bachelor of science in pharmacy degree.

The minimum curriculum in pharmacy required for graduation not less than 3,200 hours of instruction, including at least 1,300 hours of lectures and recitations and at least 1,300 hours of laboratory work, to be given within a period of not less than four full college years of at least 32 weeks each, with a minimum 5-day week. At least 2 months must clapse between each college year. Institutions conducting a regularly organized summer session may shorten the time in years if all required hours are completed. Acceleration of the course to provide that students may be graduated in 3 years has been approved for the present emergency.

The Committee on Curriculum and Teaching Methods of the American Association of Colleges of Pharmacy suggest for the first year's work, general chemistry botany, English, modern languages, mathematics, and pharmaev; for the second year's work, qualitative analysis, physics, biology (including physiology), histology, and pharmaey; for the third and fourth years' work quantitative analysis, organic chemistry, biochemistry, pharmacy, pharmacognosy, materia medica, pharmacology, bacteriology, and electives. The foregoing is suggestive only, each institution will vary its program to meet special needs.

Pharmaceutical syllabus.—In 1911 the American Pharmaceutical Association.

the National Association of Boards of Pharmacy, and the American Association of Colleges of Pharmacy established a joint standing committee, composed of seven members from each organization, to prepare and revise a pharmaceutical syllabus specifying subjects which in their judgment should be included in the minimum curriculum, the scope of such subjects, and the time to be devoted to The effect of this work has been to bring about greater uniformity in the education and registration of pharmacists. The committee issued the fourth edition of the syllabus covering the 4-year course, in 1932.

Practical experience.—As a result of the increased practical training provided

in the 4-year course, the practical experience requirement has been reduced to 1 year in most States (see table, p. 6) and this experience can usually be secured

during the vacation periods except where the course is accelerated.

DEGREES

The bachelor of science in pharmacy (B. S. in pharmacy) is awarded upon the completion of not less than 3,200 hours of college work, and indicates that the student has had 4 years of professional training with pharmacy as the major subject. Master of science in pharmacy or master of science without designation and doctor of philosophy (Ph. D.) with a major in pharmacy are graduate degrees offered in several institutions as listed in the table.

STUDENT EXPENSES

The expense of 1 year's work at a pharmacy school may be kept within \$750. To this figure must be added the estimated expenses for travel, clothing, amosements, clubs, and other items which depend on individual needs.

The accompanying table gives the variations in expenses at the several institu-Comparisons of expenses with the averages indicated below will assist a

student to make up his tentative budget for the first year.

Estim	rated student budget for	1 college year	
Tuition and fees			\$25
Board and room			. 33:
Books			4
Laundry			- / 4
incucutais			
Total			75

Practically all schools of pharmacy are now or will be operating on an accelerated basis of four quarters or of three semesters per year and corresponding increases will occur in the expenses.

ENROLLMENT

The enrollment in the 66 colleges located in the United States of America in 1939-40 totaled 9,045 (1,007 women); in 65 colleges in 1941-42, 8,643 (1,120 women); in 65 colleges in 1942, autumn term, 7,513; and in 65 colleges in 1943, autumn term, 3,546 (1,142 women).

Schools of pharmacy-1943

	Average	yearly of months	expense	Underg enroll 194		No. of degrees awarded 1942–43					
Institution and post-office address	Tuition		and Books	Men	Men Wo- men	Bachelor of science in pharmacy			Doctor of phi-		
	fees 1					Men	Wo- men	ence	losophy		
1	2	3	4	5	6	7	8	9	10		
ALABAMA Alabama Polytechnic Institute, School of Pharmacy, Auburn 2 5	\$167 (107)	\$270	\$20	20	7	9	• 0	(4)			
Howard College, School of Pharmacy, Birmingham 3.	330	360	30	9	14	8	0				
CALIFORNIA							1				
University of California, College of Pharmacy, San Francisco ^{3 3}	419 (389)	360	40	36	14	49	1	4 1			
University of Southern Cal- ifornia, College of Phar- macy, Los Angeles ^{2 3}	420	375	25	32	21	21	4	(4)			
COLORADO University of Colorado, College of Pharmapy, Boulder 13	210 (135)	300	35	20	26	12	2				
Connecticut College of Pharmacy, New Haven 23	300	500	30	53	27	23	2				
George Washington University, School of Pharmacy, Washington ¹³ . Howard University, College of Pharmacy, Washington ¹³ . FLORIDA	275	360	20	23	7	7	0				
University of Florida, School of Pharmacy, Gainesville 33	166 (66)	275	* 25	15	3.	9	0	(4)	(8)		

See footnotes at end of table, p. 1627.

Schools of pharmacy-1943-Continued

• .	Average	e yearly months	expense		raduate ments 3—	No. of	degrees :	warded	1942-43
Institution and post-office address	Tuition	Board and	Books	Men	Wo-	Bachelor of science in pharmacy		Master of sci-	Doctor of phi-
	fees 1	room			men	Men	Wo- men	ence	losophy
1.	2	3	4	5 .	6	7	8	- 9	10
GEORGIA University of Georgia, School of Pharmacy, Athens 2 3	\$32 4 (192)	\$270	\$30	24	10	16	1		
Southern College of Pharmacy, Atlanta 3	300	350	25	- 29	5	21	0		
University of Idaho, Southern Branch, College of Pharmacy, Pocatello 2 2	80	245	20	99	28	46	7		
University of Illinois, College of Pharmacy, Chicago 2 3	256 (156)	500	40	52	23	41	1	(4)	(5)
Indianapolis College of Pharmacy, Indianapolis ²³ Purdue University, School of Pharmacy, Lafayette ²³	210 208 (108)	320 405	12 25	64 29	28 17	35	2	41	* 2
Drake University, College of Pharmacy, Des Moines ³ . State University of Iowa, College of Pharmacy, Iowa City ² ³ .	300	350 257	25 25	19	5	8	. 0.	(4)	8 1
KANSAS University of Kansas,	(138)	201			20				
School of Pharmacy, Lawrence 28	213 (84)	340	31	11	9	16	. 1	(4)	
Louisville College of Pharmacy, Louisville 2 3 LOUISIANA	260	350	50	41	9	19	2		
Loyola University, New Orleans College of Phar- macy, New Orleans ^{2 3} Xavier University, College of Pharmacy, New Or-	250	325	25	24	14	11	5		
MARYLAND	185	144	25	18	14	4	0		
University of Maryland, School of Pharmacy, Baltimore 2.3	330 (280)	350	40	77	6	26	, 1	41	. \$ 6
Massachusetts College of Pharmacy, Boston 2 8	195	350	35	131	48	69	4	. 4 2	

Schools of pharmacy-1943-Continued

	1 Corner	e yearly	AVNORGO	Underg	raduate					
	A veragi	9 month	expense s)	enroll	ments 13—	No of degrees awarded 1942 43				
Institution and post-office address	Tuition	and	Books	Men	Wo-	ence in	or of sci- n phar- ney	Master of sei-	Doctor of phi-	
	fees 1	room			men	Men	Wo- men	ence	losoph	
. 1	2	3	4	5	6	7	8	9	10	
MICHIGAN										
Detroit Institute of Tech- nology, College of Phar- macy and Chemistry	\$175	\$350	\$20	40	7	8	0		q	
Detroit 23 Ferris Institute, College of Pharmacy, Big Rapids 23	200	290	25	7	6					
University of Michigan, College of Pharmacy, Ann Arbor 28	200	. 375	35	9.	7	15	1		~~00000	
Wayne University, College of Pharmacy, Detroit 2 2	(130)	400	25	23	20		3			
MINNESOTA	(150)	200	20	40	20	16	4			
University of Minnesota, College of Pharmacy, Minneapolis 2 8	205 (154)	362	-35	53	26	46	6	41	. # _{.5}	
MISSISSIPPI	(201)					1				
University of Mississippi, School of Pharmacy, University Post Office 23	162 (230)	345	25	16	10	. 9	2	(4)		
MISSOURI	(201)									
University of Kansas City, School of Pharmacy	250	. 450	25	17	2	28	2			
macy, St. Louis 2 3	235	320	40	67	20	28	6			
MONTANA						1		1		
tate University of Mon- tana, School of Pharmacy, Missoula 28.	175 (105)	330	30	9	19	11	1	41		
reighton University, Col-										
lege of Pharmacy, Omaha ²³ niversity of Nebraska, College of Pharmacy,	215	288	25	15	12	16	3 _			
Lincoln 23	136 (106)	275	25	25	8	5	1	(4)		
NEW JERSEY										
Jersey College of Pharmacy, Newark 2 8	500 (406)	400	40	44	21	87	9			
olumbia University, College of Pharmacy, New York?	420	335	20	63	19	33	4	(4)		
ordham University, College of Pharmacy, New York 2 3 ong Island University,	450	490	25	64	- 10	31	2			
Brookly n College of Phar-	375	252	25	125	14	62	5			
John's University, College of Pharmacy, Brook-										

See footnotes at end of table, p. 627.

Α.	choois	oj prvar	mucy	1040		maca				
		yearly of months		Underg enroll: 194	raduate ments 13-	No. of degrees awarded 1942-43				
Institution and post-office address	Tuition and	Board and	Books	Men	Wo-	ence in	or of sci- phar- ncy	Master of sci-	Doctor of phi-	
	fees 1.	room			men	Men	Wo- men	ence	losophy	
1	2	3	4	5	6	7	8	9	10	
NEW YORK—Continued University of Buffalo, College of Pharmacy, Buffalo 23. Union University, Albany College of Pharmacy, Albany 3.	\$430 413	\$350	\$25	45	16	28	4			
NORTH CAROLINA										
University of North Caro- lina. School of Pharmacy, Chapel Hill 23	308 (208)	370	20	62	* 33	23	4	(4)		
North Dakota Agricultural College School of Phar- macy, Fargo ^{2 3}	122	207	15	11	15	17	2		क्षेत्र विक्र मान विक्र मान वर्ग मान वर्ग	
оню										
Cincinnati College of Pharmacy, Cincinnati 3 Ohio Northern University, College of Pharmacy,	250	408	. 18	55	17	31	1			
Ada 23 Ohio State University, Col-	200	250	28	18	11	20	2			
lege of Pharmacy, Columbus 2 3	238 (88)	315	20	32	46	19	7	(4)	(6)	
University of Toledo, College of Pharmacy, Toledo ² ³ . Western Reserve Univer-	165	300	40	6	12	5	1			
sity, School of Pharmacy, Cleveland 2 8	350	390	25	26	18	18	0	(4)	. (5)	
OKLAHOMA										
University of Oklahoma, School of Pharmacy, Norman 2 3	180	315	40	19	4	2	2			
OREGON						t t				
Oregon State College, School of Pharmacy, Core vallis 2 3	254 (104)	285	35	4	23	22	11	(4)	***	
Duquesne University,										
School of Pharmacy, Pittsburgh 2 3 Philadelphia College of	315	350	30	27	23	17	2	(4)	*****	
Pharmacy and Science, Philadelphia ^{2 3} Temple University, School	360	300	40	139	44	71	6	(4)	(6)	
Temple University, School of Pharmacy, Phila- delphia 23. University of Pittsburgh	310	. 400	. 30	63	17	72	3	(4)		
University of Pittsburgh, College of Pharmacy, Pittsburgh ² ³	315	400	30	49	28	36	1			
PHILIPPINE ISLANDS			,							
University of the Philippines, College of Pharmacy, Manila 2										

See footnotes at end of table, p. 1627.

Schools of pharmacy-1943-Continued

		yearly month			raduate ments 43-	No. of degrees awarded 1942-43				
Institution and post-office address	Tuition and	and	Books	Men	Wo- men	Bachelor of sci- ence in phar- macy		Master of sci-	of phi-	
	fees 1	room				Men	Wo- men	ence	losophy	
1	2	3	. 4	5	6	7	8	9	10	
PUERTO RICO University of Puerto Rico, College of Pharmacy, Rio Piedras ²	\$100	\$270	\$30	62	82	6	5			
RHODE ISLAND Rhode Island College of Pharmacy and Allied Sciences, Providence 2 3	285	, 100	25	16	23	14	1	1		
SOUTH CAROLINA Medical College of the State of South Carolina, School of Pharmacy, Charles- ton 2 3	220	280	20	17	4	5	0			
University of South Carolina, School of Pharmacy,	(120)	225	25	32	5	11		(4)		
Columbia 2 3	(135)	4i Lii)	20	-04 (ð	11	1	(*)		
South Dakota State College Division of Pharmacy, Brookings 2 3	160 (125)	288	40	14	15	12	6	(4)		
TENNESSEE University of Tennessee, School of Pharmacy, Memphis 7 3	253 (223)	250	20	16	7	17	1			
University of Texas, College of Pharmacy, Austin ² ³	70	315	25	61	30	30	2			
Medical College of Virginia, School of Pharmacy, Richmond 2 3	289 (274)	360	20	36	19	16	2			
State College of Washington, School of Pharmacy, Pullman ¹³ University of Washington, College of Pharmacy, Se-	150 (75)	272	35	17	47	16	4	(4)	(\$)	
College of Pharmacy, Seattle 2 3	193 (93)	300	30	53	17	16	8	(4)	3 3	
West Virginia University, College of Pharmacy, Morgantown 2 3	280 (130)	325	30	15	8	11	. 0			
University of Wisconsin, School of Pharmacy, Madison 2 3	200 (96)	375	25	28	26	19	2	(4)	(5)	
Averages (schools reporting figures) Total (66 schools)	1 253	332	28	2, 466	1, 224	1, 589	182	7	17	

Figures in parentheses in column 2 are rates to residents of the State in which the institution is located.
 Indicates that the school is a member of the American Association of Colleges of Pharmacy.
 Indicates that the school has been accredited by the American Council on Pharmaceutical Education, Inc. (See p. 7.)
 Offers the degree of master of science in 5 years.
 Offers the degree of doctor of philosophy in 7 years.
 This institution offers the degree of doctor of science in pharmacy in 7 years.

PROFESSIONAL ORGANIZATIONS

The A. A. C. P.—American Association of Colleges of Pharmacy (formerly the American Conference of Pharmaceutical Faculties), established to promote the interests of pharmaceutical education and research, admits to membership colleges of pharmacy which maintain certain minimum standards, are not conducted for gain, and have been operating for at least 5 years. Beginning with the session of 1932 such colleges have required a minimum 4-year course of 3,200 hours of instruction for graduation of which at least 1,300 hours are lectures and (See proceedings

recitations, and at least 1,300 are devoted to laboratory work. (See proceedings number of the American Journal Pharmaceutical Education.)

A. Ph. A.—American Pharmaceutical Association, 2215 Constitution Ave., Washington, D. C., was established in 1852 to improve and regulate the drug market, to improve the science and art of pharmacy, to regulate the system of apprenticeship and employment, and to create and maintain a standard of professional honesty. Active membership is about 6,000. The State pharmaceutical associations are affiliated with it and have a combined membership of about

N. A. B. P.—National Associations of Boards of Pharmacy, 130 North Wells Street, Chicago, Ill., was organized in 1904, to promote closer relationship among boards of pharmacy, to provide for interstate reciprocity in pharmaceutic licensure based upon a uniform minimum standard of education and legislation, and to improve the standards of pharmaceutical education and licensure by cooperating with State, national, and international agencies and associations having similar objects.

EXHIBIT D

LIST OF ACCREDITED COLLEGES OF PHARMACY IN THE UNITED STATES OF AMERICA

Issued by the American Council Pharmaceutical Education, Inc., June 15, 1945 (as of April 7, 1945, and subject to annual revision)

SCOPE OF LIST

The list of accredited colleges of pharmacy published herewith includes only institutions operating in the United States proper. It is expected to extend this list to include the colleges of pharmacy operating in the possessions of the United States as soon as a satisfactory plan for so doing can be worked out.

On April 7, 1945, there were 68 colleges of pharmacy in the United States proper offering systematic instruction leading to a degree in pharmacy. Of this

number, 65 have been accredited by the council.

AUSPICES UNDER WHICH PREPARED

This list of accredited collees of pharmacy has been prepared by the American Council on Pharmaceutical Education, an accrediting agency sponsored and authorized by the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy and the American Pharmaceutical Associa-It was organized in 1932 and incorporated as a nonprofit organization in Each of the sponsoring associations has three representatives on the council and there is one representative from the American Council on Education, who acts in an advisory capacity. The present membership of the council is as

Representing the National Association of Boards of Pharmacy: P. H. Costedo, president, Chicago, Ill.; R. L. Swain, New York, N. Y.; A. C. Taylor, Washington,

Representing the American Association of Colleges of Pharmacy: Ernest Little, vice president, Newark, N. J.; A. G. DuMez, secretary-treasurer, Baltimore, Md.; Townes R. Leigh, Gainesville, Fla. Representing the American Pharmaceutical Association: George D. Beal, Pitts-

burgh, Pa.; L. D. Bracken, Seattle, Wash.; R. P. Fischelis, Washington, D. C. Representing the American Council on Education: Earl J. McGrath, Buffalo,

N. Y.

The activities of the council up to 1938 were confined largely to work incident

Since 1938 to the drafting of standards to be used as a basis for accreditation. Since 1938 the work of the council has been mainly that of investigating the colleges of

pharmacy applying for accreditation and of satisfying itself that the proper standards are being maintained by the accredited colleges. In each case, application for accreditation has been a voluntary act on the part of the college making such application.

BASIS FOR ACCREDITATION

The council has used as the basis for accreditation the standards which were adopted August 15, 1937, and revised March 27, 1942, and April 7, 1945. More than 5 years were devoted to the initial preparation of these standards, and, in their preparation, the council had the cooperation of the colleges of pharmacy, the State boards of pharmacy, the American Pharmaceutical Association, the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, the American Council on Education, the departments of education of some of the States, and a number of individuals who have manifested an interest in pharmaceutical education. As a final test of the practicability of these standards, trial inspections were made of seven colleges of pharmacy, including at least one representative of each of the three types; i. e., independent colleges, university colleges, affiliated colleges.

In the actual application of these standards to the colleges which have sought accreditation, the council has not insisted on strict conformity in every detail but has assumed the attitude that certain reasonable variations should not mitigate against a favorable decision. It has held to the principle that excellence in certain features of a college may compensate for deficiencies in other features.

In all cases, both qualitative and quantitative criteria have been used in deter-

mining the acceptability of a college for accreditation.

Quantitative criteria have been evaluated largely through data secured from catalogs, and other publications and from the information given on extensive questionnaires completed by the respective colleges. These criteria include the following:

Auspices, organization, and control of the institution.
 Finances, source of income, investment and expenditures.

Age of the institution and the 4-year curriculum.
 Basis of requirement for admission of students.

5. Number enrolled.

6. Curricula and degrees offered.

7. Attendance, promotion, and graduation requirements.

Teaching staff and teaching load. 8.

9. Physical facilities.

10. Etc.

Qualitative criteria have been evaluated in part through the information obtained from questionnaires and in part through visits of inspection by committees consisting of at least two members of the council. These criteria include the following:

1. Qualifications, experience, scientific or scholarly publications of the members of the faculty. Also their contacts with and membership in scien-

tific and professional societies.

2. Standards and quality of instruction. a. In the pharmacy departments. b. In the cooperating departments.

3. Scholastic records of students.

4. Extracurricular activities. Participation in the work of local, State, and national pharmaceutical organizations.

5. Attitude and policy of administration toward its college of pharmacy and toward teaching, research, etc.

6. Etc.

PURPOSE OF ACCREDITATION

The primary objectives of accreditation as held by the council are as follows: 1. To advance the standards of pharmaceutical education in the United States and its possessions.

2. To indicate the character of the institution offering instruction in

pharmacy.

3. To provide a safe basis for the selection of pharmacy colleges by prospective students.

4. To provide a usable basis for the interpretation of interinstitutional relationships.

5. To provide a list of acceptable colleges of pharmacy for the use of State boards of pharmaceutical examiners and other interested agencies.

PERIOD OF ACCREDITATION

The council recognizes that standards for accreditation cannot be fixed and inflexible, that there is need for constant revision and improvement of policies and procedures, and that reinspections of the colleges at definite intervals will be necessary to make effective any changes in these policies. It was planned to begin the reinspection of colleges of pharmacy in 1944, but this program was abandoned for the time being because of the war emergency. It is intended, however, to resume the program as planned and to begin reinspections as soon as

conditions permit.

The list of accredited colleges of pharmacy published herewith should not be construed as indicating that the council accepts every college as meeting its standards of accreditation in all respects and to the same extent and degree, but rather that each conforms to a general level which meets the spirit and purpose of the Council. Some of the colleges listed will require reinspection within the near future in order to satisfy the council that they are making reasonable progress in correcting certain deficiencies which were called to their attention at the time they were accredited.

ACCREDITED COLLEGES OF PHARMACY

A star before the name of a college indicates that the college has been given provisional accreditation and is subject to reinspection at an early date. date given in parenthesis indicates the time at which the institution was accredited.

Alabama:

Alabama Polytechnic Institute School of Pharmacy, Auburn (Dec. 1, 1939). Howard College, Department of Pharmacy, Birmingham (June 27, 1941).

University of California College of Pharmacy, San Francisco (Aug. 16, 1942). University of Southern California College of Pharmacy, Los Angeles (Dec. 1,

Colorado: University of Colorado College of Pharmacy, Boulder (Dec. 1, 1939). Connecticut: University of Connecticut College of Pharmacy, New Haven (December 1, 1939).

District of Columbia: George Washington University School of Pharmacy, Washington (December 1, 1939).

Howard University College of Pharmacy, Washington (December 1, 1939). Florida: University of Florida School of Pharmacy, Gainesville (December 1, 1939).

Georgia:

*Southern College of Pharmacy, Atlanta (March 27, 1942).
University of Georgia School of Pharmacy, Athens (December 1, 1939).
Idaho: University of Idaho, Southern Branch, College of Pharmacy, Pocatello

(December 1, 1939). Illinois: University of Illinois College of Pharmacy, Chicago (December 1, 1939).

Indiana:

Indianapolis College of Pharmacy, Indianapolis (June 27, 1941).

Purdue University School of Pharmacy, Lafayette (December 1, 1939). Iowa:

Drake University College of Pharmacy, Des Moines (December 1, 1939) State University of Iowa College of Pharmacy, Iowa City (December 1, 1939). Kansas: University of Kansas School of Pharmacy, Lawrence (December 1, 1939). Kentucky: Louisville College of Pharmacy, Louisville (December 1, 1939). Louisiana:

Loyola University, New Orleans College of Pharmacy, New Orleans (Decem-

ber 1, 1939). avier University College of Pharmacy, New Orleans (December 1, 1939). Maryland: University of Maryland School of Pharmacy, Baltimore (December 1, 1939).

Massachusetts: Massachusetts College of Pharmacy, Boston (December 1, 1939).

Michigan:

Detroit Institute of Technology College of Pharmacy and Chemistry, Detroit (December 1, 1939).

*Ferris Institute College of Pharmacy, Big Rapids (December 1, 1939). University of Michigan College of Pharmacy, Ann Arbor (December 1, 1939). *Wayne University College of Pharmacy, Detroit (December 1, 1939). Minnesota: University of Minnesota College of Pharmacy, Minneapolis (December 1, 1939).

Mississippi: University of Mississippi School of Pharmacy, Oxford (December 1,

Missouri:

St. Louis College of Pharmacy, St. Louis (December 1, 1939)

*University of Kansas City, School of Pharmacy, Kansas City (December 13, 1944).

Montana: Montana State University School of Pharmacy, Missoula (December 1, 1939).

Nebraska:

Creighton University College of Pharmacy, Omaha (December 1, 1939). University of Nebraska College of Pharmacy, Lincoln (December 1, 1939). New Jersey: Rutgers University, New Jersey College of Pharmacy, Newark (December 1, 1939).

New York:

Columbia University College of Pharmacy, New York (December 1, 1939). Fordham University College of Pharmacy, New York (December 1, 1939). Long Island University, Brooklyn College of Pharmacy, Brooklyn (May 4, 1940).

St. John's University College of Pharmacy, Brooklyn (June 15, 1940). Union University, Albany College of Pharmacy, Albany (May 4, 1940). University of Buffalo School of Pharmacy, Buffalo (December 1, 1939). North Carolina: University of North Carolina School of Pharmacy, Chapel Hill

(December 1, 1939).

North Dakota: North Dakota Agricultural College School of Pharmacy, Fargo (December 1, 1939).

Ohio:

*Cincinnati College of Pharmacy, Cincinnati (March 27, 1942). *Ohio Northern University College of Pharmacy, Ada (February 22, 1943). Ohio State University College of Pharmacy, Columbus (December I, 1939). University of Toledo College of Pharmacy, Toledo (December I, 1939). Western Reserve University School of Pharmacy, Cleveland (December 1,

1939)

Oklahoma: University of Oklahoma School of Pharmacy, Norman (December 1, 1939).

Oregon: Oregon State College School of Pharmacy, Corvallis (December 1, 1939). Pennsylvania:

Duquesne University School of Pharmacy, Pittsburgh (December 1, 1939). Philadelphia College of Pharmacy and Science, Philadelphia (December 1,

Temple University School of Pharmacy, Philadelphia (December 1, 1939). University of Pittsburgh School of Pharmacy, Pittsburgh (December 1, 1939). Rhode Island: *Rhode Island College of Pharmacy and Allied Sciences, Providence (June 4, 1940).

South Carolina:

Medical College of the State of South Carolina School of Pharmacy, Charleston (December 1, 1939).

University of South Carolina School of Pharmacy, Columbia (December 1,

South Dakota: South Dakota State College of Agriculture and Mechanic Arts, Division of Pharmacy, Brookings (December 1, 1939).

Tennessee: University of Tennessee School of Pharmacy, Memphis (December 1, 1939)

Texas: University of Texas College of Pharmacy, Austin (December 1, 1939). Virginia: Medical College of Virginia School of Pharmacy, Richmond (December

1, 1939). Washington:

State College of Washington School of Pharmacy, Pullman (December 1,

University of Washington College of Pharmacy, Seattle (December 1, 1939). West Virginia: West Virginia University College of Pharmacy, Morgantown (December 1, 1939).

Wisconsin: University of Wisconsin School of Pharmacy, Madison (December 1, 1939).

Released June 15, 1945, on authorization by the American Council on Pharmaceutical Education.

A. G. DuMez, Secretary-Treasurer.

EXHIBIT E

STANDARDS FOR ACCREDITATION OF COLLEGES OF PHARMACY AND CONSTITUTION AND BYLAWS OF THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCA-TION

Second revised edition, April 7, 1945

(American Council on Pharmaceutical Education, A. G. DuMez, secretarytreasurer, 32 South Greene Street, Baltimore 1, Md.)

AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

Officers:

P. H. Costello, president, 77 W. Washington Street, Chicago, Ill.

Ernest Little, vice president, 1 Lincoln Ave., Newark, N. J. A. G. DuMez, secretary-treasurer, 32 South Greene Street, Baltimore, Md.

Members:

Representing the National Association of Boards of Pharmacy:

P. H. Costello, Chicago, Ill. R. L. Swain, New York, N. Y.
A. C. Taylor, Washington, D. C.
Representing the American Association of Colleges of Pharmacy:

A. G. DuMez, Baltimore, Md. Townes R. Leigh, Gainesville, Fla.

Ernest Little, Newark, N. J.
Representing the American Pharmaceutical Association:
George D. Beal, Pittsburgh, Pa.
L. D. Bracken, Seattle, Wash.
R. P. Fischelis, Washington, D. C.

Representing the American Council on Education: Earl J. McGrath, Buffalo, Ñ. Y.

PREFACE

The American Council on Pharmaceutical Education is an accrediting agency for colleges of pharmacy sponsored and authorized by the American Pharmaceutitical Association, the National Association of Boards of Pharmacy, and the American Association of Colleges of Pharmacy. It was organized August 26, 1932, and incorporated as a nonprofit organization August 14, 1939. From the standpoint of origin, it is a direct outgrowth of the survey committee created by

the National Association of Boards of Pharmacy 5 years earlier.

In 1927 the National Association of Boards of Pharmacy appointed a committee to make a comprehensive survey of pharmacy for the purpose of obtaining information, which might be used as the basis for establishing standards for colleges of pharmacy. This committee was designated the pharmaceutical survey com-In 1928 the American Association of Colleges of Pharmacy was tendered mittee. and accepted an invitation to join the National Association of Boards of Pharmacy in the furtherance of this survey project. Later in the same year the American Pharmaceutical Association joined the movement and the American Council on Education was invited to supervise the survey. Owing, however, to unforeseen difficulties encountered in attempts to raise the funds necessary to carry on the contemplated work, the project was discontinued after several years of effort and, in 1932, there was organized a new committee consisting of three representatives from each, the American Pharmaceutical Association, the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy and one representative from the American Council on Education. The new committee was given the title of the American Council of Pharmaceutical Education, and a constitution and bylaws providing for its organization and the conduct of its business were drafted and approved by the constituent organizations.

The council held its first meeting in Toronto, Canada, on August 26, 1932.

Since then, it has held one or more meetings each year. The activities of the counthe 5-year period immediately following its organization were directed in the main toward the preparation of the standards to be used in determining the acceptability of a college of pharmacy for accreditation. The first approved draft of these standards was published on August 15, 1937. During the next 3 years, the colleges of pharmacy which had applied for accreditation were investigated and on January 1, 1940, the first roll of accredited colleges was published.

The standards for accreditation of colleges of pharmacy adopted on August 15, 1937, were revised on March 27, 1942, and on April 7, 1945. The draft of standards published herewith is the last revised edition.

A. G. DUMEZ, Secretary-Treasurer.

BALTIMORE, MD., April 7, 1945.

CERTIFICATE OF INCORPORATION OF THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION, INC.

THIS IS TO CERTIFY:

First. That we, the subscribers, Evander F. Kelly, whose post office address is 2215 Constitution Avenue, Washington, D. C., and Andrew G. DuMez, whose post office address is 32 South Green Street, Baltimore, Maryland, and Robert L. Swain, whose post office address is 3507 Edgewood Road, Baltimore, Maryland, all being of full legal age, do under and by virtue of the general laws of the State of Maryland, authorizing the formation of corporations, associate ourselves with the intention of forming a corporation.

Second. That the name of the Corporation (which is hereinafter called the "Corporation") is: The American Council on Pharmaceutical Education,

The purpose for which the Corporation is formed and the objectives

to be promoted by it are as follows:

a. To organize and operate a corporation exclusively for educational and other nonprofitable purposes and no part of the net earnings of the Corporation is to enure to the benefit of any member.

b. To formulate the educational, scientific, and professional principles and standards which an approved school or college of pharmacy will be expected to

meet and maintain.

c. To revise these principles and standards when deemed necessary or advisable, d. To investigate any school or college of pharmacy that requests the approval of this Corporation.

e. To publish a list of approved schools and colleges of pharmacy and to revise

such list annually or as frequently as deemed desirable.

f. To satisfy itself that the schools and colleges which have been approved maintain the proper standards through conferences with members of the faculties and the reinspection of any or all colleges of pharmacy at regular intervals or at such other times as may be deemed advisable. The approval of any school or college failing to maintain the standards formulated by the corporation shall be withdrawn.

g. To assist in the advancement and improvement of pharmaceutical education

and registration.

h. To purchase, lease, or otherwise acquire, hold, develop, improve, mortgage, sell, exchange, let, or in any manner encumber or dispose of real or personal

property wheresoever situate.

Fourth. The post office address of the place at which the principal office of the Corporation in this state will be located is 32 South Greene Street, Baltimore, Maryland. The resident agent of the Corporation is Andrew G. DuMex, whose post office address is 32 South Greene Street, Baltimore, Maryland. Said resident agent is a citizen of the State of Maryland and actually resides therein.

Fifth. The Corporation shall have no capital stock. The following shall be

the first members of the Corporation:

a. Evander F. Kelly, 2215 Constitution Avenue, Washington, D. C.

b. Andrew G. Du Mez, 32 South Greene Street, Baltimore, Maryland.

c. Henry A. B. Dunning, Charles and Chase Streets, Baltimore, Maryland.

d. David F. Jones, South Kemp Avenue, Watertown, South Dakota.

e. Henry C. Christensen, 130 North Wells Street, Chicago, Illinois,

f. Augustus C. Taylor, 1733 Upshur Street N.W., Washington, D. C.

Robert L. Swain, 3507 Edgewood Road, Baltimore, Maryland. g. Robert L. Swain, 3507 Edgewood Road, Baltimore, Maryland. h. Townes R. Leigh, University of Florida, Gainesville, Florida.

i. Charles B. Jordan, Purdue University, Lafayette, Indiana,

David Allan Robertson, President, Goucher College, Baltimore, Maryland.

who shall act as Directors until the first annual meeting or until their successors

are duly chosen and qualified.

Sixth. Members may resign or be removed, vacancies may be filled and additional members elected or appointed as provided in the By-Laws and in this Certificate of Incorporation.

Seventh. Meetings of members may be held outside the State of Maryland, provided due notice thereof is given pursuant to the provision of the By-Laws and this Certificate of Incorporation.

Eighth. Board of Directors.

SECTION 1. ELECTION AND POWERS

The business and property of the Corporation, except as otherwise provided by Statute or by the Charter, or by the By-Laws, shall be conducted and managed by its Board of ten Directors, which shall consist of the members of the Corporation subject to increase or decrease as hereinafter provided. The Board of Directors of the Corporation shall be chosen as follows: The American Pharmaceutical Association, The National Association of Boards of Pharmacy, and The American Association of Colleges of Pharmacy shall each elect or appoint three voting members; The American Council on Education shall appoint one member. In the initial organization of the Board of Directors, The American Pharmaceutical Association, The National Association of Boards of Pharmacy and The American Association of Colleges of Pharmacy shall each elect or appoint one member for a term of two years, one for a term of four years, and one for a term of six years. Thereafter all members of the Board of Directors shall be elected or appointed by these organizations for a term of six years. The appointment of The American Council on Education shall be for a term of six years. The Board of Directors shall keep minutes of its meetings and a full account of its transactions.

SECTION 2. FIRST REGULAR MEETING

The first meeting of the Board of Directors shall be held immediately for the purpose of organization, the adoption of By-Laws, and the transaction of such other business as may be necessary, or as soon as practical.

SECTION 3. ADDITIONAL REGULAR MEETINGS

In addition to the first regular meeting, regular meetings of the Board of Directors shall be held at the principal office of the Corporation in Baltimore, Maryland, at 32 South Greene Street, at least once a year, and at such other times and places as may be fixed from time to time by the Board of Directors.

SECTION 4. SPECIAL MEETINGS

Special meetings of the Board of Directors shall be held whenever called by the President or by a majority of the Directors either in writing or by vote.

SECTION 5. PLACE OF MEETINGS

Subject to the provisions of Section 2, the Board of Directors may hold its regular and special meetings at such place or places within or without the State of Maryland as it from time to time may determine. In the absence of any such determination, regular and special meetings of the Board of Directors shall be held at the principal business office of the Corporation in Baltimore, Maryland.

SECTION 6. NOTICE OF MEETINGS

Notice of the place, day, and hour of every regular and special meeting shall be given to each director, either—

1. By notice in writing mailed to him postage prepaid not later than the tenth day before the day set for the meetings and addressed to him at his last known post-office address according to the records of the Corporation; or,

2. By notice in writing delivered to him personally or left at his residence or usual place of business not later than the third day before the day fixed for the

meeting; or,

3. By telegraph or telephone not later than the third day before the day set for the meeting. No notice, however, of the time, place, or purpose of any meeting need be given to any director, who, in writing, executed and filed with the records of the meeting either before or after the holding thereof, waives such notice. No notice of any adjourned meeting of the Board of Directors need be given.

SECTION 7. QUORUM

Six members of the Board of Directors shall be necessary and sufficient to constitute a quorum for the transaction of business at every meeting of the Board of Directors; but if at any meeting there be less than a quorum present, a majority of those present may adjourn the meeting from time to time, but not for a period of over ten days at any one time, without notice other than by announcement at the meeting at which a quorum shall attend. At any such adjourned meeting at which a quorum shall be present, any business may be transacted which might have been transacted at the meeting as originally notified.

SECTION 8. VACANCIES

If any director shall die or resign, his successor shall be elected or appointed by the organization of which he was a representative to hold office for the portion of the term of the director whose place shall so become vacant, and until his successor shall have been duly chosen and qualified.

NINTH, OFFICERS

SECTION 1. EXECUTIVE OFFICERS

The executive officers of the Corporation shall be a President, a Vice President and a Secretary-Treasurer and such other officers as the Board may, from time to time, consider necessary for the proper conduct of the business of the Corporation. The executive officers shall be elected annually by the Board of Directors at its first regular meeting held in each year. Each such officer holds office for a term of one year, and thereafter until his successor is elected and qualified or until his death, resignation, or removal.

SECTION 2. PRESIDENT

The President shall be a director of the Corporation. He shall be the chief executive officer of the Corporation. He shall, when present, preside at all meetings of the directors; he shall have general management and direction of the business of the Corporation and all powers ordinarily exercised by the President of a corporation. He shall annually prepare and file a true statement of the affairs of the Corporation which should be submitted at the first regular meeting of the Board of Directors held during the year and should be filed within twenty days thereafter at the principal office of the Corporation in the State of Maryland.

SECTION 3. VICE PRESIDENT

In the absence of the President, the Vice President shall perform all the duties of the President and while so acting shall have the powers of the President.

SECTION 4. SECRETARY-TREASURY

The Secretary-Treasurer shall keep the minutes of the meetings of the members and of the Board of Directors, in books provided for the purpose; he shall see that all notices are duly given in accordance with the provisions of the By-Laws or as required by law. He shall be the custodian of the records and of the corporate seal of the Corporation; he shall see that the corporate seal is affixed to all documents, the execution of which on behalf of the Corporation under its seal is duly authorized, and when so affixed may attest the same and generally he shall perform all duties ordinarily incident to the office of a secretary of a corporation, and such other duties as, from time to time, may be assigned to him by the Board of Directors or by the President; he shall have charge of and be responsible for all funds, securities, receipts, and disbursements of the Corporation and shall deposit, or cause to be deposited in the name of the Corporation all monies or other valuable effects in such banks, trust companies, or other depositories as shall from time to time be selected by the Board of Directors; he shall render to the President and to the Board of Directors, whenever requested, an account of the financial condition of the Corporation and in general he shall perform all the duties ordinarily incident to the office of a treasurer of a corporation, and such other duties as may be assigned to him by the Board of Directors or by the President.

TENTH. SUNDRY PROVISIONS

SECTION 1. Negotiable instruments and other evidences of indebtedness.—All checks, drafts or orders for the payment of money, notes and other evidences of indebtedness, issued in the name of the Corporation, shall be signed by the Secretary-Treasurer. No checks shall be signed in blank.

Section 2. Fiscal year.—The fiscal year of the Corporation shall be the calendar year, unless otherwise provided by the Board of Directors.

Section 3. Seal.—The seal of the Corporation shall be circular in form, with the name of the Corporation inscribed around the outer edge, and in the center shall be inscribed the words "Incorporated Maryland."

Section 4. Books and records.—Original or duplicate ledgers, containing the names and addresses of the members shall be kept at the principal business office of

the Corporation in Baltimore, Maryland.

Section 5. Bonds.—The Board of Directors may require any officer, agent, or employee of the Corporation to give to the Corporation, for the faithful discharge of his duties, a bond, in such amount, on such conditions, and with such surety or sureties, as may be required by the Board.

In witness whereof we have signed this Certificate of Incorporation on this 12th

day of August 1939.

Signed:

EVANDER F. KELLY ANDREW G. DUMEZ ROBERT L. SWAIN

Witness:

FRANKLIN DEBAUGH, Jr. LORRAINE R. FRANCIS LORRAINE R. FRANCIS

State of Maryland, City of Baltimore, to wit:

I hereby certify that on this 12th day of August 1839, before me the subscriber, a Notary Public of the State of Maryland, in and for Baltimore City, personally appeared Andrew G. DuMez and Robert L. Swain, and they severally acknowledged the aforegoing Certificate of Incorporation to be their respective act.

As witness my hand and Notarial Seal.

LORRAINE R. FRANCIS, Notary Public.

State of Maryland, County of Baltimore, to wit:

I hereby certify that on this 12th day of August 1939, before me, the subscriber, a Notary Public of the State of Maryland, in and for Baltimore County, personally appeared Evander F. Kelly, and he acknowledged the aforegoing Certificates of Incorporation to be his act.

As witness my hand and Notarial Seal.

FRANKLIN DEBAUGH, Jr.

State Tax Commission of Maryland:

It is hereby certified that the within instrument is a true copy of Certificate of Incorporation of "The American Council on Pharmaceutical Education, Inc." as received and approved by the State Tax Commission of Maryland August 14, 1939, at 11:00 o'clock, A. M.

As witness my hand and seal of said Commission of Baltimore this 14th day of

August 1939.

ALBERT W. WARD, Secretary.

By-LAWS

1. Committees.

The Board of Directors shall establish such committees as it deems necessary.

2. Funds.

The Secretary-Treasurer of the Corporation shall prepare a budget annually and submit the same to the Board of Directors for approval or disapproval. Said budget shall cover only legitimate expenses for the effective work of the Corporation. This budget may be altered by the Board of Directors as the said Board sees fit providing debts are not incurred before the funds are forthcoming and payable.

The funds to meet the budget and other expenses shall be provided by annual, contributions from the American Pharmaceutical Association, the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy and by contributions from other sources interested in promoting the

objectives of the Council.

3. Disbursement of Funds.

All disbursements of monies shall be made upon the written order of the President of the Corporation, and the Secretary-Treasurer shall annually submit an itemized account of all receipts and disbursements to the Board of Directors for approval, and shall send a report of the same to the following organizations:

a. American Pharmaceutical Association

b. National Association of Boards of Pharmacy
 c. American Association of Colleges of Pharmacy

d. American Council on Education

4. Annual Meeting,

The Annual Meeting of the members of the Corporation shall be held in the month of January, preferably on the third Saturday.

5. Order of Business

At all meetings of members or directors, the order of business shall be, as far as applicable and practical, as follows:

a. Organization.

b. Proof of notice of meeting or of waivers thereof. The certificate of the Secretary-Treasurer of the Corporation or the affidavit of any other person who mailed the notices or caused the same to be mailed, shall be accepted as proof of service of notice by mail.

e. Submission of an alphabetical list of members or directors entitled to

vote thereat.

d. At an annual meeting, or at a meeting called for that purpose, reading of unapproved minutes of preceding meetings, and action thereon.

e. Reports.

f. At an annual meeting, the election of directors.

g. Unfinished business.

h. New business.i. Adjournment.

6. Payment of Expenses of Members and Stenographic and Other Help

All members, voting and advisory, and all directors and officers, with the exception of the Secretary-Treasurer, shall serve without pay, but any expenses incurred by members or by the directors or officers of the Corporation or by consultants in the official conduct of the business of the Corporation shall be paid. The officers of the Corporation may employ consultants, stenographic and other help to be paid for by the Council, if previously authorized by the Board of Directors

7. Amendments

These By-Laws, or any of them, or any additional or supplementary By-Laws, may be altered or repealed and new By-Laws may be adopted at any annual, adjourned or special meeting of the members, notice of which shall set forth the terms of the proposed amendment. The Board of Directors may also exercise the power to make, alter and repeal By-Laws.

STANDARDS OF THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION FOR ACCREDITATION OF COLLEGES OF PHARMACY

(Revised April 7, 1945)

DEFINITIONS

1. College of Pharmacy

The title, college of pharmacy, also referred to as college, as used hereinafter, means an incorporated college of pharmacy; or a school, college, or department of pharmacy in a university, or other regularly incorporated or legally empowered educational institution.

2. Council

Council, as used hereinafter, means the "American Council on Pharmaceutical Education."

3. Inspection Committee

Inspection Committee, as used hereinafter, means a committee appointed by the American Council on Pharmaceutical Education to inspect a college of pharmacy for the purpose of determining its acceptability for accreditation or its eligibility to remain on the accredited roll.

4. Pharmaceutical Syllabus

Pharmaceutical Syllabus, also referred to as Syllabus, as used hereinafter, means the latest edition of "The Pharmaceutical Syllabus," prepared and published by the National Pharmaceutical Syllabus Committee representing the American Pharmaceutical Association, the American Association of Colleges of Pharmacy and the National Association of Board of Pharmacy.

5. Charters' Report

Charters' Report, as used hereinafter, means "Basic Material for a Pharmaceutical Curriculum," which is the title of a functional study of pharmacy published by the McGraw-Hill Book Company, Inc., of New York, N. Y., 1927.

APPLICATION FOR ACCREDITATION

The application of a college of pharmacy for accreditation must have the approval of the state university, or of the state department of education, or of the state pharmaceutical association of the state in which the college is located and must be filed with the Secretary of the Council. A copy of the current edition of the college catalogue must be filed with the application. Printed application forms will be supplied by the Secretary of the Council upon request.

MINIMUM REQUIREMENTS FOR ACCREDITATION OF COLLEGES OF PHARMACY

I. Required Length of Period of Operation

A college, in order to receive consideration for full accreditation, shall have functioned for a sufficient length of time to have its full curriculum in operation

prior to the date of making application for accreditation.

To be considered for provisional accreditation, a college which has given assurance of its intention and ability to place in effect the full curriculum within the first four consecutive years of its operation may apply at any time for approval of as many years of its curriculum as it has in full operation.

II. Finances

1. The financial status of the college will be judged in relation to its educational

program.

Among the factors to be considered in determining the adequacy of financial support are: (a) expenditures per student for educational purposes; (b) the stability of financing as indicated by the amount of income per student from stable sources other than student fees; (c) financial investment in plant and equipment; (d) the avoidance of burdensome indebtedness; (e) procedures used in financial

accounting and reporting.

- 2. It is desirable that the income of the college should be derived from stable sources in addition to student fees, i. e., permanent endowments, gifts, state appropriations, etc. Endowments, gifts, etc., accepted, including those made for the purpose of establishing scholarships and fellowships, should be free from restrictions which may curtail full freedom of development of sound educational policies with particular regard to administration, curricula, and scholarship standards.
- 3. A college budget of receipts and expenditures shall be prepared annually, and shall be open to inspection by the members of the Council and its authorized representatives.

III. Organization and Administrative Policy

1. No college shall be accredited which is conducted for profit, either to individuals or to a corporation, whether in the form of unduly large salaries, or rentals, etc., or a profit for direct distribution.

etc., or a profit for direct distribution.

2. (a) The college must be headed by a dean or other executive officer to whom full authority is delegated by the regents, trustees, or directors in order that responsibility for the efficient operation of the college may be definitely and properly

placed.

(b) The foregoing [2 (a)] shall be interpreted to include responsibility for the character, organization and administration of courses for graduate as well as undergraduate students; except in the case of universities in which there has been established a special organization for the management of graduate work. In the latter case, the special organization, insofar as it pertains to the graduate work in pharmacy, should function with the consultation and cooperation of the dean of the college of pharmacy.

3. (a) The voting faculty of the college of pharmacy shall hold stated meetings, at which the dean and members may confer on matters pertaining to the operation

of the college and the promotion of its interests. If the college is an integral part of a university, regularly conducted meetings of the university faculty will be accepted as meeting this requirement in part, provided the members of professorial rank in the college of pharmacy are voting members of the university faculty.

(b) Minutes of the meetings showing the subjects considered and any votes

thereon shall be kept.

4. The college shall have in operation an adequate system of keeping records of students. To be adequate, a system must give full and accurate information on the educational record of a student previous to entrance to the college, and on the record made by the student during the entire period of his attendance at the college, including grades, conditions, failures, suspensions, dismissals, expulsions, disciplinary action, etc. When a transcript of a student's record is issued to another college, it shall be complete, including entrance qualifications and a record of any disciplinary action that has not been satisfied. If the college is a part of a university, the keeping of records and issuing of transcripts may be done in the general office provided by the university for that purpose.

5. (a) The college shall publish at frequent intervals, preferably annually, a catalogue or announcement in which the college calendar, members of the teaching staff, requirements for the degrees offered, names and descriptions of courses, together with the names of the members of the teaching staff responsible for each course are clearly stated. The number of clock hours of class and laboratory work devoted to each course shall be clearly set forth, together with the semester

or term credit accorded each.

(b) The "semester hour" shall be interpreted as representing one period of not less than fifty minutes of classroom work (lecture or recitation) per week for one semester. Three hours devoted wholly to laboratory work, or two hours of laboratory work with one hour of correlated reference or written work, shall be considered the minimum equivalent of one hour of classroom work. A "quarter hour" shall be taken as the equivalent of two-thirds of a "semester hour."

IV. Faculty and Teaching Staff

1. The college must possess a faculty which, in the judgment of the Council, is adequate in number and the members of which are qualified by education and

training to properly carry on the work of the college.

2. (a) The college must have on its staff at least one qualified [See paragaph 3 (b)] full-time teacher of professional rank for each of the following subjects:

1. pharmacy; 2. pharmaceutical chemistry; 3. materia medica (pharmacognosy or pharmacology) and as many additional full-time and part-time teachers as may be necessary to carry on the work of the curriculum in a satisfactory manner.

(b) A full-time professor is interpreted as meaning a person of professorial rank who devotes at least ten half-days per week throughout the college year to

teaching and associated duties or research.

(c) A part-time teacher is interpreted as meaning one who devotes the required number of hours to teaching and associated duties or research, but who devotes

less than ten half-days per week to the performance of these duties.

3. (a) In determining the competence of a faculty, consideration will be given to the kind and amount of education that the individual members have received, to their experience in educational and professional work, and to scholarship as evidenced by scientific or scholarly publications, membership in and contacts with professional and learned societies.

(b) Teachers of professorial rank shall have completed at least two years of study in their respective fields of teaching in a recognized graduate school, or an equivalent amount of technical or professional training or experience. Heads of departments and the dean shall have completed at least three years of such study or an equivalent amount of technical or professional training. It shall have had successful teaching and administrative experience. In addition they

(c) Teachers of the rank of instructor shall have completed at least one year of study in a recognized graduate school or an equivalent amount of technical or

professional training or experience.

(d) Assistants shall have as a minimum the training represented by the

bachelor's degree.

(e) At least one-half of the faculty teaching the professional and applied subjects shall have qualified as registered pharmacists. As a general rule, all teachers under the chair of pharmacy shall have qualified as registered pharma-

V. Teaching Load and Size of Classes

1. As a general rule, teaching schedules must not exceed sixteen hours per week per teacher, and the number of students in a class (exclusive of lectures)

must not exceed thirty. Not more than two clock hours of laboratory work shall be taken as the equivalent of one clock hour of didactic instruction.

VI. Minimum Admission Requirements

1. A college shall require for admission the satisfactory completion of a four-year course of not less than fifteen units in a secondary school approved by a recognized accrediting agency; or a qualifying certificate for college entrance issued by the state university, or state department of education, or other state department authorized to issue such certificates.

2. Students who are candidates for degrees shall not be admitted to courses

leading to such degrees later than three weeks after the beginning of a session.

3. A student desiring to transfer from one college to another shall be required to furnish a transcript of his record, and, unless an exception is made, a certificate of honorable dismissal from the college he is leaving. Exceptions to the honorable dismissal requirement should be rare and should be made only with the consent and upon the recommendation of the dean of the college from which the student is transferring.

4. The entrance credentials or a certified copy thereof, of each student enrolled must be kept on file in the office of the college or in the general offices of the university, and be open to inspection by the Council and its authorized repre-

sentatives.

5. Each year, before April 1st, the college shall prepare a complete list of all students enrolled who have not been previously reported, including the names of those who have withdrawn prior to the compilation of the list and indicating the. fact of, and the reasons for their withdrawal. A brief statement of the entrance qualifications of each student shall be given. Such list shall be certified by the proper officer of the college or university, seal attached, and sent to the Secretary of the Council.

VII. Admission to Advanced Standing

1. Students transferring from a college of pharmacy accredited by the Council may be admitted to advanced standing without examination and be given credit for that portion of the work of the first three years of the pharmacy curriculum which they have completed.

2. Students transferring from an accredited non-pharmacy college may be admitted to advanced standing without examination and be given credit for the work completed in the general cultural or foundational subjects of the pharmacy

curriculum.

3. No more than one year of credit in time shall be given to any student applying for advanced standing from any institution other than a college of pharmacy, unless such credit shall be for graduate work in applied subjects done in a recog-

nized graduate school or other accredited educational institution.

4. In order that the training of the applicant for advanced standing may be the equivalent of that of the members of the class which he seeks to enter, he shall be required to take those courses which the class has completed but which he has not completed, and such courses shall be given priority in the arrangement of the students schedule of courses of study.

5. An applicant for advanced standing shall not be given more favorable classi-

fication than he would have received in the college from which he transfers.

VIII. Curriculum and Degrees

1. (a) The pharmacy curriculum shall comprise not less than 3,200 clock hours of instruction of which at least 1,300 hours shall consist of laboratory work. Such instruction shall be given within a period of not less than four full college years of at least 32 weeks each, exclusive of holidays and vacations, and shall be scheduled over a minimum of five days per week, in accordance with approved academic procedure. At least two months must clapse between each college year.

(b) However, a college may, with the approval of the Council, be permitted to shorten this time by providing regularly organized Summer sessions in which the

required hours and courses of instruction may be completed.

2. The college shall include in its course of instruction lectures, recitations, and

personal laboratory work.
3. (a) In general, the latest edition of "The Pharmaceutical Syllabus" (See 4 under Definitions) and the "Charters' Report" (See 5 under Definitions) shall be followed as guides in the organization of the pharmaceutical curriculum.

(b) Approximately 50 per cent of the total number of hours in the curriculum shall be devoted to professional and applied subjects and the remainder to subjects of a foundational or cultural nature. The professional and applied subjects shall include the pharmaceutical chemistries, all branches of pharmacy, and the closely allied scientific subjects such as pharmacognosy, pharmacology, drug analysis, and biological assaying. The natural and biological sciences, English, general economics, foreign languages, history, mathematics, psychology, etc., are

classified as general, foundational, or cultural subjects.

4. Instruction in all of the subjects offered for the baccalaureate degree must be of collegiate level. That given in the general collegiate subjects must be of such scope and grade as to merit acceptance for credit in an accredited non-professional educational institution and the admission of pharmacy graduates to standard graduate schools as candidates for advanced degrees in pharmacy or alcooly colleged to the college of the college o

closely allied fields of science.

5. A college may give credit for work done in absentia in extension courses for academic, non-professional subjects only, provided such work has been taken in a recognized college or university which is a member of the Association of American Universities, or in one which is recognized by a regional agency approved by the Association of American Universities, and the credits of which are accepted for the baccalaureate degree by the state department of education in the state in which it is located. No undergraduate credit shall be given for work in pharmacy taken as an extension course, by correspondence, or in any other way than in residence.

6. (a) The degree of Bachelor of Science (B. S.) or Bachelor of Science in Pharmacy (B. S. in Phar.) and those degrees only, may be given for the comple-

tion of the four-year course of not less than 3,200 hours.

(b) The degree of Master of Science (M. S.), Master of Science in Pharmacy (M. S. in Phar.), Doctor of Philosophy (Ph. D.) or Doctor of Science (D. Sc.), may be given for work done in course, provided the requirements of standard graduate schools are fully met. Graduate work in pharmacy shall be interpreted as meaning work done after the completion of the requirements for the Bachelor of Science in Pharmacy degree. Graduate credit may not be given for undergraduate courses in the subjects in which the candidate for a higher degree is doing his major work.

(c) Before being awarded a degree, every candidate must be adjudged by the combined faculty as having made a satisfactory record in the courses offered for graduation and to be a person suitably equipped, morally and otherwise, for the

profession he is about to enter.

7. Each year within 30 days after spring commencement, the college shall send to the Secretary of the Council the names and addresses of all persons on whom degrees have been conferred during the year together with the degree awarded in each instance, including honorary degrees.

IX. Attendance, Promotion, and Graduation

1. It is recognized that rules governing attendance, promotion, and graduation are usually developed from the individual experience of the colleges, hence absolute uniformity in this regard is not to be expected. The Council holds, however, that general uniformity is desirable, particularly with regard to the rules for premotion and graduation, so that a sound basis may be established for the prompt elimination from the colleges of those students who have intellectual, moral, or other deficiencies which render them unfit for the practice of pharmacy.

X. Equipment and Teaching Facilities

1. The college shall possess or have unrestricted teaching privileges in classrooms and laboratories adequate in number and size to accommodate in a satisfactory way the classes or sections of classes of the size usual to the college.

2. The classrooms shall be properly lighted, heated and ventilated and shall be furnished with the usual equipment necessary for lectures and recitation work.

3. The laboratories shall be furnished and equipped for the particular purpose or purposes they are intended to serve, and there should be sufficient equipment and apparatus in each to permit students to work individually on all of the experimental work of the courses taught therein. There shall be sufficient apparatus and equipment to carry on properly all of the experimental work of the scientific and professional courses announced in the annual catalogue. Such apparatus and equipment should be replaced or increased as needed from annual appropriations made specifically therefor.

4. (a) The college shall have a well selected library of not less than 2,500 volumes (standard reference books, textbooks and periodicals) in addition to duplicates and public documents, bearing specifically upon the subjects taught. Approximately 1,500 of these volumes should pertain specifically to the professional and

applied subjects of the pharmaceutical curriculum.

(b) The library shall be catalogued and should be administered by a professionally trained librarian. It should be housed in quarters adequate in size to provide a reading room large enough to accommodate at least 15 percent of the student body at one time, and be open to students not less than seven hours per college day.

(c) In institutions of which the college of pharmacy is an integral part, the general library of the institution will be considered as meeting this requirement. provided it contains the number and kind of books, periodicals, and other publica-

tions set forth above.

(d) A sum adequate for the improvement and growth of the library should be spent annually in addition to that expended for maintenance.

XI. Extra Curricular Activities

1. An important requirement for accreditation is that a college of pharmacy foster and supervise desirable extra curricular activities. Membership in national and state associations for the advancement of pharmaceutical education, the organization of a student branch of the American Pharmaceutical Association or of the pharmaceutical association of the state in which the college is located, the exercise of supervision over fraternities, entertainments, athletics, etc., will be considered in determining whether the Council's requirement in this regard is being satisfactory met.

XII. General Comment

1. The educational policy of the administration, the thoroughness of scholarship. the presence of the scientific spirit, the soundness and inspiration of instruction, the quality of publicity indulged in, conservatism in awarding honorary degreesindeed, the general tone of the institution, including students as well as facultyare important items for which definite standards can hardly be established, but to which the Council will give consideration in arriving at its final decision with respect to the acceptability of a college of pharmacy for accreditation.

SUMMARY OF AMENDMENTS TO STANDARDS ADOPTED AS WAR EMERGENCY MEASURES

The following amendments to the standards for the accreditation of colleges of pharmacy were adopted as war emergency measures. These amendments were not intended to be permanent and it is expected that those which were still in force on April 7, 1945, will be revoked as soon as the war emergency has passed.

(Release of March 27, 1942)

POLICY WITH REGARD TO THE ACCELERATION OF THE COURSE IN PHARMACY FOR THE DURATION OF THE WAR EMERGENCY

The American Council on Pharmaceutical Education, recognizing that adjustments in the educational programs of all institutions of higher education might have to be made as a result of the present war emergency, and believing that such adjustments in the program of pharmaceutical education as might become necessary could be made without endangering present standards, adopted the following statement of policy at a meeting held in March 27, 1942:

1. It is recommended that the colleges of pharmacy give serious consideration at this time to the acceleration of their respective programs for the education of pharmacy students in order that the armed forces of the country, as well as the

civilian population, may be adequately served.

2. The final decision as to whether or not an accelerated program shall be adopted, is believed to be a matter which should be left with the individual colleges.

3. In the event that an accelerated program is adopted, the Council will permit the following deviations from its standards for the period of the war emergency:

(a) Section VIII, 1 (a)—"At least two months must elapse between each college year.'

This requirement is suspended for the duration of the emergency.

(b) Section VIII, 6 (a)—"The degree of Bachelor of Science, (B.S.), or Bachelor of Science in Pharmacy, (B.S. in Phar.), and these degrees only, may be given for

the completion of the four-year course of not less than 3200 hours."

This requirement is amended for the duration of the emergency to permit the granting of full credit to students ordered to report for induction into the armed services, who have completed more than half of the work of any semester or quarter and who have successfully passed such tests as may be given to establish full credit. This amendment does not apply to the freshman year.

4. The accreditation of a college of pharmacy will be withdrawn if there is any perceptible lowering of educational standards lincluding requirements for admission, either in the scope of the curriculum, the total number of hours required for graduation or the level of scholarship demanded, except as this may be affected by the foregoing amendment to Section VIII, 6 (a) of the Council's Standards for Accreditation.

(Release of July 25, 1943)

Articles V, VI, VII and VIII of the Standards for Accreditation were amended to make it possible for the colleges operating under an accelerated program of instruction to complete the full four-year curriculum in 24 months of instruction without jeopardizing their accreditation status.

These amendments were revoked in full on October 4, 1943.

(Release of October 4, 1943)

Paragraph 3, of the standards of accreditation, issued as of March 27, 1942, is

hereby amended as follows:

3. In the event that an accelerated program is adopted, the Council will permit the deviations from its standards for the period of the war emergency as set forth in the Release of March 27, 1942, provided the curriculum leading to the phar-

macy degree is given in not less than 32 months of actual instruction.

The aforesaid action shall become effective October 10, 1943; provided, however, that the standards of accreditation adapted July 12, 1943, shall apply only to such portion of accredited courses which were instituted subsequent to July 12, 1943, and which shall be terminated prior to February 1, 1944; and provided further, that all other accelerated programs requiring less than 32 months (128 weeks) of actual instruction, exclusive of holidays and vacations, for their completion shall likewise be terminated prior to February 1, 1944.

> House of Representatives, COMMITTEE ON ARMED SERVICES, SUBCOMMITTEE No. 9, HOSPITALIZATION, HEALTH (MEDICAL CORPS) Thursday, February 27, 1947.

The subcommittee met at 10 o'lcock, Hon. Margaret Chase Smith (chairman) presiding.

Mrs. Smith. The committee will come to order, and we will continue with H. R. 1982, hearing from Mr. William P. MacCracken, Jr.

Mr. MacCracken. Madam Chairman, on behalf of the American Optemetric Association, I would like to introduce Dr. William C. Ezell, of Spartanburg, S. C., who will be the first witness.

Mrs. Smith. We will be pleased to hear Dr. Ezell at this time. Dr. Ezell. Madam Chairman.

Mrs. Smith. Dr. Ezell.

STATEMENT OF DR. WILLIAM C. EZELL, PAST PRESIDENT OF THE AMERICAN OPTOMETRIC ASSOCIATION AND ASSOCIATE DIREC-TOR OF THE DEPARTMENT OF NATIONAL AFFAIRS OF THE AMERICAN OPTOMETRIC ASSOCIATION

Dr. Ezell. Madam Chairman and members of the subcommittee, my name is William C. Ezell, and I reside at Spartanburg, S. C. I am the immediate past president of the American Optometric Association, having held that office for 2 years, beginning in the summer of 1944, and I am an associate director of its department of national affairs.

I am a practicing optometrist, having graduated from Northern Illinois College of Optometry and being licensed under the South Carolina optometry law which was enacted in 1917. For over 20 years I have been a member of the South Carolina Board of Examiners in Optometry, and have served as president of that board for 17

years.

A recent survey indicates that there are between 18,000 and 19,000 optometrists licensed and registered in the United States, of which between 13,000 and 14,000 are engaged in active practice. World War II approximately 2,000 members of our profession served in the armed forces, but substantially less than 40 percent of that number were used in their professional capacity. This was in a large measure due to the fact that in the Army it was impossible for an optometrist to obtain a commission and still function in his professional capacity. The result was that many of our profession volunteered for other branches of the service such as Infantry, Artillery, Air Force, Ordnance, Quartermaster, Engineers and even the Medical Administrative Corps and Sanitary Corps where they could obtain commissions. In the Medical Department as soon as an optometrist obtained a commission in the Medical Administrative Corps or the Sanitary Corps, he was not permitted to examine eyes. While this situation was unfair to the GI optometrist and his profession, the real sufferers were the 2,000,000 men and women in the armed services who required visual care and aids.

In order to correct this situation Congressman Short, now a member of the House Committee on Armed Services, introduced in the Seventy-ninth Congress a bill to establish an Optometry Corps in the Medical Department of the Army. The original bill was known as H. R. 1699. Extensive hearings were held in June and July of 1945 after which the bill was rewritten and reintroduced by Congressman Short, as H. R. 3755. Its passage was unanimously recommended by the House Military Affairs Committee notwithstanding the fact that it was strongly opposed by the War Department. It passed the House unanimously. During the hearings on the bill before the Senate Military Affairs Subcommittee, which were held after the cessation of hostilities, General Kirk informed the committee of the plans which the War Department had for the Medical Service Corps bill and assured them that it would provide for granting commissions to optometrists. Notwithstanding the fact that General Kirk requested no action be taken, the Senate committee unanimously recommended the passage of the bill and it passed the Senate without The President, however, vetoed the bill, primarily, in order to give the War Department an opportunity to submit to Congress its

In compliance with the request that the presentation be brief, I shall not attempt to cover, even in summary form, the testimony which was presented at the hearings on the Optometry Corps bill, but I commend it to each one of you who is interested in this subject as

providing some very interesting reading.

plan for the Medical Service Corps.

General Kirk has estimated that the Optometry Section will constitute between 2 and 3 percent of the corps. While this is a distinct disappointment to the optometrists, we are not offering any amendment which would require the allocation of a larger percentage of the total corps to this Section. However, if the committee, in writing

up the bill, decides to allocate the entire 100 percent of the corps, then we respectfully request and urge that the Optometry Section be allocated not less than 10 percent of the corps. We feel that eventually the importance of the Optometry Section will be such as to necessitate its being constituted as a separate corps similar to the Dental

Corps.

Immediately after defective teeth, poor and defective vision was the next reason for the rejection of those physically examined for military service in World War II, and the War Department estimated that at least 18 percent of those in military service during World War II required visual care and aids. We recognize, that in the peacetime Army, the percentage requiring visual care and aids is probably less, but in order to have the nucleus of an Optometry Section which, in case of emergency, could be quickly expanded so as to function smoothly and efficiently on a wartime basis, would require far more than 20 or 30 commissioned officers, part of whom would be opticians.

At this point, I would like to propose to the committee on amendment to be inserted on page 3 at the end of line 2, which is as follows:

The Chief of the Optometry Section shall be a graduate of a recognized school or college of optometry who has been licensed to practice his profession in one or more of the 48 States or the District of Columbia.

It is my understanding that the Surgeon General has no objection to this amendment. The reason we feel it is necessary is because the Section will be compsed of both optometrists and opticians. The function of the optician is to fill the prescription for glasses which are prescribed by the optometrists, ophthalmologists, or oculists. While it would appear obvious that the person filling the prescription should be under the supervision of the officer writing the prescription, nevertheless in World War II opticians were commissioned in the Sanitary Corps and were in charge of optical units which were filling prescriptions written by optometrists who were buck privates. There can be no question but that it is in the interest of the efficient functioning of the Section that an optometrist serve as its chief. The mere fact that it would be possible for an optician to head the Section under the bill as presently written would have a strong tendency to deter optometrists from volunteering for this service.

Before concluding my statement, may I point out these facts relating to optometry. In civilian life, 7 out of 10 persons requiring visual care voluntarily consult the optometrist for his professional services. Optometrists are licensed to practice by laws enacted in every State and in the District of Columbia by congressional act. At the present time, to secure a license in any of these jurisdictions an optometrist must be graduated from an optometry school or college offering the minimum of a 4-year course and he must also pass a State board licensing examination. Optometrists compose the only group specifically educated and trained for the examination of eyes and the correction and care of visual defects. Optometrists are the only persons exclusively licensed for this purpose. Optometrists are not only educated, trained and equipped to correct and improve vision and visual functions, but, in addition, to detect pathology and refer cases of suspected or actual pathology for other professional care.

Optometrists have been recognized and granted commissions in the Navy for the past 6 years. While these commissions have been in the Naval Reserve, it is my understanding that the Surgeon General

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of the Navy proposes to offer an amendment to H. R. 1361, which is now pending before this subcommittee, which will provide a commissioned grade of Medical Administrator for optometrists in the Hospital Corps of the Regular Navy. During the war over 100 members of our profession held commissions as optometrists in the Navy which ranged in rank from ensign to commander.

In conclusion, I would like to read into the record a letter from my successor in office, Dr. Edmund F. Richardson, Sr., of California, who

is unable to be present at this hearing.

FEBRUARY 20, 1947.

Re H. R. 1982.

Hon. MARGARET CHASE SMITH,

House Office Building, Washington, D. C.

My Dear Mrs. Smith: No doubt you are aware of the fact that the Seventy-ninth Congress unanimously passed a bill to establish an Optometry Corps in the Medical Department of the Army, which bill was vetoed by President Truman. The bill now pending before the subcommittee of which you are chairman, known as H. R. 1982 to revise the Medical Department of the Army, provides for an

Optometry Section in the Medical Service Corps.

We believe that the importance of the professional services which optometrists rendered in World War II and will render in the future, warrants the establishment of a separate corps; nevertheless, we realize the present tendency is toward consolidation. We are willing, therefore, to postpone, for the present at least, the establishment of a separate corps and to cooperate with the Surgeon General in the establishment of an Optometry Section in the Medical Service Corps, should Congress see fit to pass and the President to sign the pending legislation. However, we believe this bill should be amended so as to provide that the Chief of the Optometry Section shall be a graduate from a recognized school or college of optometry approved by the Surgeon General, and shall have been licensed to practice his profession in one or more of the 48 States or the District of Columbia. Faithfully yours,

EDMUND F. RICHARDSON, O. D., President, American Optometric Association.

I hand the original of this letter to you.

Mrs. Smith. Thank you, Dr. Ezell.

Mr. Rivers, do you have any questions?
Mr. Rivers. I would like to ask him one or two questions.

Doctor, I am glad to have a South Carolinian help the Congress in this very important matter, sir.

Dr. Ezell. Thank you.

Mr. RIVERS. I am not surprised to see that South Carolinians are doing a good job, as usual.

Mr. Bates. Is that supposed to be a part of the record? Mr. Rivers. If it is not, it is not my fault. [Laughter.]

Dr. Ezell, you said something in your statement to the effect that the optometrists are the only persons exclusively licensed for the treatment of eyes. What do you mean by that? What about the eye, ear, nose, and throat doctor?

Dr. Ezell. They are licensed physicians, sir, having a medical license. They don't have to take a special examination on visual care. They specialize on any subject that they choose, without further qualifying before a State board. That is what we meant.

An optometrist, on the other hand, in addition to taking his first 4 years of college training, must take a State board examination on visual care.

Mr. RIVERS. I see.

Dr. Ezell. That particular phase of it.

Mr. RIVERS. In that regard, then, you have as much training in that particular respect, as a doctor would have?

Dr. Ezell. Yes, sir.

Mr. RIVERS. As far as the eyes are concerned? Dr. EZELL. Yes, sir. We don't treat a disease condition, that is, pathology.

Mr. RIVERS. I see.

Dr. Ezell. But we study that in order to be able to screen out, you might say, the cases that need medical treatment, and then we take care of the visual problems.

Mr. Rivers. Now, will you tell the committee whether the Surgeon

General of the Army is now in accord with this amendment?

Dr. EZELL. It is my understanding that he is; yes, sir.

Mr. RIVERS. Is that the understanding of the rest of vour colleagues?

Mr. MacCracken. We understand he has no objection to it, the

general is here, himself.

Mr. RIVERS. General, what about that?

General Kirk. The question of having a section chief of each of these various sections appointed as that chief is something that has been asked by each group.

Mr. RIVERS. I see.

General Kirk. I think, really, that shouldn't be written into the law. If it is this committee's opinion that it should, then I agree with what the gentlemen have said.

At the last conference I had with them, as I remember it, they were in agreement with this bill as long as the name "optometry" was

mentioned in the section of that bill.

Mr. Rivers. I mean, if the committee were to decide to put it in, there would be no serious objection interposed by the Army?

General Kirk. That is right. Mr. Rivers. That is all I have.

Mrs. Smith. Mr. Bates?

Mr. Bates. Doctor, you say that you are the only persons exclusively licensed for the purpose of examination and correction and care of visual defects. Now, how far away is this training of optometrists from including, say, the complete training on the examination and treatment of the eye that the, say, eye, ear, and nose specialist today has? Why doesn't the curriculum include a course that would give the student a complete understanding of the eye and the care of that eve?

What you are actually doing is putting the optometrists on the same level as men in the Medical Corps of the Navy who are trained physicians and specialists in the treatment of the eye, not only in the treatment, but in taking care of the visual problem. You are putting the optometrists on the same level, and I understand you to say for the present time, at least, you are not going to press for a separate Op-

tometry Corps.

Now, if a physician going into the Army or Navy is a general allaround practitioner and a specialist in the treatment of eyes, including visual care, examination, and preparation of glasses, how, in your opinion, do they rank on the same professional level?

Dr. Ezell. You mean the optometrists?

Mr. BATES. Yes.

Dr. Ezell. Well, we don't treat pathology. That is the one big difference there. We have to study pathology in order to recognize it, but optometry has been developed over the years as a separate profession, in order to give more time in the college course to the study of visual problems, as such. The functioning of the eye and

the whole visual mechanism are gone into.

There is somewhat of a difference in the basic philosophy. The optometrist goes into it from the functional viewpoint, and the ophthamologist from the anatomical and pathological viewpoint. If I might use a little illustration, take the illustration of the dentist. Years ago, in order to give proper dental care it was necessary to develop a separate profession from the general practice of medicine, in order to take care of the specific problems.

We feel, and experience has proven, that our field is of such importance that we should have a separate course and not have to be

responsible for pathology.

Mr. Bates. That does not answer my question directly.

Dr. Ezell, I apologize-

Mr. Bates. An eye specialist is now permitted to treat the eye, even to the extent of taking it out and putting it back again, and study it from every angle, but the optometrists are not.

Dr. Ezell. That is right.

Mr. Bates. In other words, they have complete jurisdiction, under the law?

Dr. Ezell. Yes, sir.

Mr. Bates. Over the care of the eve of a patient?

Dr. Ezell. Yes, sir. Mr. Bates. And the optometrists apparently have not?

Dr. EZELL. That is right. Mr. Bates. Now, why not?

Dr. Ezell. Well, only 5 percent or less of the people who require eye care have pathology, which leaves upwards of 95 percent who only have a refractive condition, and it is felt by our group that we should leave to the medical man who is trained in pathology that part of it.

I don't know whether I am still answering your question. I hope

Mr. Bates. Well, do you think you are qualified, with the training that you receive in the school of optometry, to do the work that an eye specialist is permitted to do under the law?

Dr. Ezell. Yes, sir; I think we are. If you will read the cirriculum

there, I think you will agree.

Mr. Bates. Then, why aren't you permitted to do so under the law? Dr. Ezell. To treat diseases?
Mr. Bates. Yes.

Dr. Ezell. Because we don't study pathology. I mean, from a treatment angle.

Mr. Bates. Why isn't it made part of the curriculum?

Dr. Babcock. It is, to recognize it.

Mr. Bates. Yes.

Dr. Ezell. It is, to recognize it, and refer it. We certainly don't want to handle a case that needs treatment, that has a pathological condition.

Mr. Bates. In other words, I may go to you for treatment of the eye, and all you can do is to test my eyes and give me glasses?

Dr. Ezell. And—

Mr. Bates. But any inherent difficulty there you are not qualified to treat?

Dr. Ezell. Well, I wouldn't say we are not qualified.

Mr. BATES. You are not permitted to do it?

Dr. Ezell. We haven't studied it, like a dentist would handle his specialty, you see.

Mr. BATES. Then, you are not qualified.

Dr. Ezell. Well, certainly not to treat pathology.

Mr. BATES. What?

Dr. Ezell. We are certainly not qualified to treat pathology. Mr. Bates. Now, the point I am coming to is this: I will retrace. You are asking for a special corps. That is ultimately your objective. I have no complaint about it, but I am asking you the question whether or not you are just as well qualified to take care of the eyes, from every angle, that is, the treatment of the eyes, and the visual requirements, by fitting glasses, and so on, as a specialist in either the Army or the Navy, with whom you ask to be put on the same level.

Dr. Ezell. Well, I couldn't go along with that whole statement. You said qualified to treat diseases. With the exception of that, I think we are. We study the problem more. There is a lot more to vision than just getting something that you can see with. We go into

all of that.

Mr. Bates. But you don't do anything about that, but fit glasses? Dr. Ezell. I beg your pardon. We give training, when eyes don't work properly.

Mr. Bates. I see. Dr. Ezell. We train them to coordinate. There are lots of visual skills that people either don't learn or else they lose them, and we have to try to restore those skills. We go into a lot of things other than just the vision.

Mr. Bates. Now, are there any optometry schools in the country

today that have only, say, a 2-year course?

Mr. Ezell. Not that I know of; no, sir. There was one school, up to a short time ago, but he was not recognized by our association.

Mr. Bates. Wasn't it quite general, say within the last 10 years, for an optometry course to consist only of a 2-year training program? I say 10 years ago. The reason I ask is because I know quite a few optometrists that went to school for 2 years.

Dr. Ezell. That is true.

Mr. Bates. That is all they went. Dr. Ezell. That is true. It might be more than 10 years ago, but certainly within recent years.

Mr. Bates. Yes.

Dr. Ezell. But, optometry was legalized only in 1902, and that was in only one State. Up to that time there were no educational requirements. Our own particular State, where I was licensed, initiated it in 1917. At that time, anyone who wished to could put up a sign. But since that time, we have changed conditions.

Mr. Bates. Now, how many schools do you have today in the

Dr. Ezell. We have nine schools that are recognized.

Mr. Bates. Nine? Dr. Ezell. Yes.

Mr. Bates. And how many are not recognized?

Dr. Ezell. Only one.
Mr. Bates. Then you have 10 optometry schools in the country?

Dr. Ezell. That is true; yes, sir.

Mr. Bates. You didn't give a list of them here, did you?

Dr. BABCOCK. I will give that.

Dr. Ezell. Dr. Babcock will give that in his report.

Mr. Bates. Are any of those courses in any recognized colleges, that is, any of the colleges or universities of the country, or are they just special?

Dr. Ezell. Four are connected with universities: Columbia University, Ohio State, University of California, and College of the

Pacific, I believe.

Mr. Bates. Now, that is four out of nine.

Dr. Ezell. Yes, sir. Mr. Bates. Is that right? Dr. Ezell. That is right.

Mr. Bates. Do the other five have exactly the same curriculum

that they have, say, at Columbia?

Dr. Ezell. They are very similar. They have to teach these subjects that you see outlined in order to be recognized.

Mr. Bates. That is all. Mrs. Smith. Mr. Durham? Mr. Durham. No questions.

Mrs. Smith. Thank you very much, Dr. Ezell.
Dr. Ezell. Thank you.
Mrs. Smith. Mr. MacCracken, do you have someone else to present?

Mr. MacCracken. Dr. Babcock will make the next statement.

Dr. Babcock. Madam Chairman.

Mrs. Smith. Dr. Babcock.

STATEMENT OF JOSEPH M. BABCOCK, O. D., VICE PRESIDENT OF THE AMERICAN OPTOMETRIC ASSOCIATION AND DIRECTOR OF THE DEPARTMENT OF NATIONAL AFFAIRS

Dr. Babcock. My name, Madam Chairman and members of the subcommittee is Joseph M. Babcock. I am a vice president of the American Optometric Association, and director of its department of national affairs. I reside in Portsmouth, Ohio, where I practice my profession. I am also secretary of the Ohio State Optometric Association.

My attention has been called to the fact that some of the members of the committee are interested in the educational standards of our profession. As an indication of what our profession is doing to improve the educational standards and facilities, permit me to call your attention to the fact that the profession has nearly attained its goal of \$100,000 to erect a building on the Ohio State University campus

to house the School of Optometry.

In other words, we voluntarily, Madam Chairman, went out and raised \$100,000 among our practitioners, and the University of Ohio State voluntarily asked the legislature for \$200,000 additional, to

improve the building.

Mr. Bates. Then you want to insert \$300,000 there.

Dr. Babcock. That is right. I don't know whether you want to put it in the record or not.

Mr. Bates. It is on the record. I believe.

Dr. BABCOCK. That is all right.

Our school at Ohio State has existed since 1914. At that time it was established by Dr. Charles Sheard, of the Mayo Clinic, I mean, he is now at Mayo Clinic, on a 2-year basis. In 1916 it was put on a 4-year basis. Since 1935 it has been on a 5-year basis. It is con-

templated to go to a 6-year basis, with a doctor's degree.

One of the functions of the American Optometric Association is to accredit the schools and colleges teaching optometry through its council on education and professional guidance. At the present time there are 10 schools and colleges giving courses in optometry, of which 9 are accredited. Four of these are component parts of the

following universities:

Columbia University, New York City; Ohio State University, Columbus, Ohio; University of California, Berkeley, Calif.; and College of the Pacific, Forest Grove, Oreg. The five schools which are not directly affiliated with general educational institutions are: Pennsylvania State College of Optometry, Philadelphia; Massachusetts School of Optometry, Boston; Southern College of Optometry, Memphis, Tenn.; Northern Illinois College of Optometry, Chicago, Ill.; Los Angeles School of Optometry, Los Angeles. There are approximately 3,900 students enrolled in these schools, of which approximately 5 percent are women.

To show the functions of the council on education, I should like to read from the constitution and bylaws of the American Optometric

Association:

The functions and duties of the Council on Education and Professional Guidance shall be to advise, counsel, and act in the following matters:

(a) Changes in type and amount of educational training that may be needed as

experience indicates, and as changing conditions warrant;
(b) Matters concerning qualifications of the present and future schools, minimum content of curriculum, number of teachers, laboratory equipment, and matters of similar nature:

(c) Inspection and accrediting of schools and colleges conducting courses of

instruction in optometry.

Development of the profession of optometry to its present high educational requirements has been one of the most rapid in the history of professional education. Optometrists are trained by intensive college training of from 4 to 5 years' duration and some of the schools are contemplating increasing their courses to 6 years. optometrist's education completely equips him with not only a fundamental education, but also a highly specialized course of training which enables him to render a distinctive professional service. From what 45 years ago was a system of apprenticeship, there has come about this rapid advance to courses in universities and professional The training is designed to give the student a complete knowledge of all the factors entering into the etiology and correction of any abnormal visual condition.

The statues in each State in the Union and the District of Columbia provide for the educational requirements necessary to receive a license and before a newcomer can engage in the practice of optometry he

must meet the following requirements:

1. He must be a high-school graduate.

2. He must be a graduate from a 4-year course in a college of

optometry.

3. He must pass rigid State board examinations in such subjects as ocular anatomy, geometrical optics, physiology, mechanical optics, ocular pathology, physiological optics, psychology, theoretical optometry, physics, mathematics, and practical optometry.

An outline of the optometric credits of the standard 4-year course

is attached.

Mr. Bates. Do you want to put this in the record at this time?

Dr. Babcock. I would like to.

Mr. Bates. Put that in the record at this time.

Dr. Babcock. I should like to omit reading the detailed analysis of this curroulum and in lieu thereof to call attention to the fact that the curriculum contains clinical subjects such as the theory and practice of optometry, applied pathology of the eye, theory of lenses, and the fitting of and adjusting of spectacles; basic optometric sciences—such as physiological optics, general, ocular, and neuroam tomy, geometrical and physical optics, general physiology, general pathology, and bacteriology; and basic sciences such as mathematics, physics, chemistry, zoology, and psychology. The curriculum also includes professional cultural courses such as economics, ethics, jurisprudence, and sociology, the primary aims of which are to inculcate in the student the ideals of his profession and to clarify for him the meaning of professionalism and its implications in determining his conduct as judged by standards of morality, economics, and legality.

It might be well before closing to give you the following definitions:

An optometrist is one who is engaged in the practice of the sciences and art of visual care which is devoted to the examination of the eyes, the analysis of the ocular functions and the employment of preventative and corrective methods and agents of an optical and photic character for the relief of visual and ocular anomalies. The optometrist is the only practitioner engaged in the examination of the eyes and the correction of visual anomalies who specifically demonstrates to legally constituted authorities in the form of State boards of examiners specific qualifications for this important work.

An opthalmologist is a physician who, after having graduated from medical school, has taken sufficient work on the eye to entitle him to be examined by the American Board of Opthalmology. This is a self-appointed body which gives its own examinations to those who have fulfilled its own requirements. According to the 1944 records of the American Medical Association, the number of opthalmologists who have qualified for and passed the examination of the American Board of Ophthalmology is 1,819. From this figure alone, 1,819, it is apparent how comparatively few physicians have taken the training and the trouble to qualify for and pass this examination.

An oculist is any physician who designates himself as specializing, among other things, in eye work. He usually has a knowledge of eye, ear, nose, and throat work. There is no legal, academic, or professional requirement which he has to pass before he can set himself up as an oculist, and any registered physician may do so. He has only to answer to his conscience whether he thinks he is capable of specializing and practicing upon an organ as important as the human eye.

There are 4,363 oculists in this country according to the 1944 list of the American Medical Association, and we must bear in mind that only a portion of the time devoted to their practice by these oculists relates to the eye, the rest being devoted to their other specialties. There is also a group known as opticians. These men are strictly

There is also a group known as opticians. These men are strictly mechanics who prepare and assemble the material necessary to carry out the prescription of the ophthalmologist, oculist, and optometrist.

Also, permit me to call your attention to an editorial by Dr. Lawrence Post, one of the leading ophthalmologists of the United States, which appeared in the January 1947 issue of the American Journal of Ophthalmology. I do not want to take the time of the committee to read the entire editorial, but if you would like to have it for the record I will be glad to supply it. The excerpts which I desire to read are as follows:

To fail to recognize optometry as an entity is sheer, wishful thinking on the part of some ophthalmologists. The hostile attitude between the two groups is detrimental to each and above all to the public that is confused by the repercussions of the conflict. An understanding between the two is long overdue and this would probably have taken place years ago had ophthalmologists been permitted by medical ethics to confer freely with optometrists * * *.

In brief, many optometrists desire to perform refractions, make fundus examinations, test visual fields, give orthoptic training, fit contact lenses, serve as consultants for medical practitioners, and to attain medical recognition of the title, "doctor." Some would eliminate ophthalmologists from all of the visual

fields except the surgery and medical treatment.

The extreme ophthalmic point of view would be the elimination of optometrists from all fields and, on the other hand, no ophthalmologist would accept all of the suggestions of the most radical optometrists. Put in that light, the differences might seem insurmountable, but fortunately in our democratic State there is a certain amount of give and take and a willingness to see the other fellow's point of view. Some compromise in these visual matters is essential to public welfare.

The first step necessary is to make it possible for ophthalmologists to confer

with optometrists without criticism-

and I might add in there, in 1935 there was a resolution, by the ophthalmological section of the American Medical Association, that it was unethical for them to lecture or give any information to an optometrist.

From there on, matters should not be too difficult. Leaders of both groups should meet without animosity, in friendliness, and on an equal footing and, bearing in mind primarily the visual welfare of the public, should iron out their differences. Naturally it will take a long time to eliminate all of the points of disagreement, but even this is possible and to make a good start in the right direction should not be hard. Most important is the point that coming to agreement is not a may, but a must.

We believe that the enactment of this legislation with the amendment which Dr. Ezell proposed is an important "must" for the welfare of our armed services and for the public as well, and trust that the members of this committee and their colleagues in Congress will concur in these views.

I thank you.

Mrs. Smith. Thank you very much, Dr. Babcock.

Without objection, the outline of the optometric credits of the standard 4-year course will be included in the record.

(The document referred to is as follows:)

FIRST YEAR

First semester	Lec- tures	Labora- tory	Credits	Second semoster	Lec- tures	Labora- tory	Credits
Zoology	. 4	4	4 4 4 4 3 19	Anatomy (comparative) Physics (electricity and optics) Chemistry (organic) Analytical geometry and calculus English		3 4 4 0 0 0	4 4 4 3 19
			SECON:	D YEAR			
Anatomy (human) Physiology (human) Optics (geometric and physical) C'hemistry (physiological)	4 4 3 3	2 3 4 3	4 5 4 4 17	Anatomy (ocular and neural). Physiology. Optics (geometric and physical). Pathology (general).	4	2 3	4 5 4 4 17
			THIRD	YEAR			
Physiological optics Psychology (general) Optics (mechanical) Optometry (practical) Pathology (general)	3 3 2	2 2 6 4 2	5 3 5 3 3	Physiological optics Psychology Optics(mechanical) Optometry (practical) Pathology (special)	3 2	2 4 4	3 3 6 3
			FOURT	H YEAR			
Optometry (advanced) Optometry (clinical) Pathology (applied) Economics Sociology	2 2	2 10 4 0 0	4 5 3 3 2	Optometry (advanced) Optometry (clinical) Pathology (applied) Ethics and business law Economics	2 2 3 3 3	2 12 4 0 0	4 6 3 3 3 3

Mr. Smith. Do I understand that an optometrist can carry on his work and serve his people without an oculist, but not without an optician?

Dr. BABCOCK. That is right.

Mrs. Smith. An optometrist can do everything that an oculist does,

Dr. Babcock. No. About 5 percent of the patients that come into my office have pathology of some type or an indication of pathology. Those are usually recognized. It is just like looking in a basket of apples and seeing the good apples and bad apples. You refer the 5 percent to the physician. It may be an indication of a kidney disorder. It may be iritis, or something else. It may be a cataract which is in the early stages. The patients are eliminated from our practice right now. We don't want them. It is not in the interest of the patient for us to fit them glasses, so we refer them to the medical man, be he oculist, ophthalmologist or a physician. But they are out of our office right now.

We work on the 95 percent that come within our jurisdiction within

our field.

Mrs. Smith. An optometrist doesn't do any work of an optician?

Dr. Babcock. Well, I would say that he does the adjusting and fitting. He comes in that category, sometimes.

Mrs. Smith. But not the making of the lens?

Dr. Babcock. No. There might be some out in the backwoods that want to do all the work when they don't have enough practice to keep them busy, but the average optometrist makes the examination and gets the material or the visual aids and then adjusts them on his patient and maintains that adjustment service as part of his service.

Mrs. Smith. Mr. Durham?

Mr. Durham. Doctor, will you explain to the committee what refractions are and what fundus examinations are?

Dr. Babcock. It consists of several—

Mr. Durham. Because I don't think all the committee is familiar with what is really meant by refraction or what is meant by fundus examinations.

Of course, at the present time you are barred from practicing in

those other fields.

Dr. Babcock. The first thing we do with a patient is to examine the eye. That means we turn the lids back and look to see if there is any trachoma or any disease condition. Then we take an ophthalmoscope, which is an instrument you use to look back into the background of the eve.

The examination consists of looking at the eye, in and out, to see if

it is a healthy eye.

Then the refraction consists of finding the correction that it takes to give that person comfort and seeing ability.

Mr. Durham. You cannot go even so far as to put a drop of any-

thing in that eye, at the present time, can you?

Dr. Babcock. No. We do not desire to, and a good many medical authorities, except in certain cases, don't do it either. The newer school of thought tends less to the use of drops.

Mr. Durham. Go ahead and explain what you mean by fundus

examinations.

Dr. Babcock. A fundus examination is to see whether it is normal or abnormal.

Mr. Durham. What do you do after you find it is normal or

Dr. Babcock. If it is normal we proceed to refract, that is, to find out the proper correction to give that person as near 20-20 vision

Mr. Durham. But you have to send him to another doctor?

Dr. Babcock. If it is a disease condition, then we send him out, which is an average of 5 percent of all the people who come in to you, which includes the old people.

Mr. Durham. Most of them.

Dr. Babcock. That is only an average of 5 percent. Mr. Durham. Thank you. That is all I have.

Mrs. Smith. Mr. Bates.

Mr. Bates. Doctor, you make some reference here to definitions, as to what is an optometrist, what is an ophthalmologist, and what is an oculist. You say an ophthalmologist is a physician who, after having graduated from medical school, has taken sufficient work on the eye to qualify.

Now, the other, that is, the oculist, is also a physician being, by your definition, any physician who designates himself as specializing, among other things, in eye work, and who usually has a knowledge of eye, ear, nose and throat work.

Now, in which classification would the so-called specialist in eve. ear, nose and throat work, that we usually know of among the medical profession, come under? Is that the ophthalmologist or the oculist?

Dr. Barcock. Well, in our profession, we put them in two cate-We say the educated eye man and the jack-of-all-trades eye man

Now, unfortunately, in the smaller communities we have only the oculists, who are sometimes very good and who have by experience and by further study qualified themselves to be good eve men, but we also have, unfortunately, a lot of men who do not like general practice, and they say, "Well, I'll go and take a 6-week or a 6-month course on eyes and come back and be a specialist."

That is the oculist.

Now, optometrists as a whole do not think very highly of the oculist, but the average optometrist does think a lot of the ophthalmologist. We call him the educated-eve man and he is the man to whom we send our pathology, whether he likes it or not. We send that to him because we think our patient will be taken care of much better than we think he will be with some of the oculists, although I have some friends among oculists that are very good.

He doesn't have to qualify himself. Any physician can hang out his shingle and be an eye, ear, nose, and throat man, and sometimes he is just that, because he doesn't qualify himself any further than the sign. But we do think highly of the ophthalmologist, and we do

not have enough of them.

Mr. Bates. You say he has taken sufficient work. What do you mean by sufficient?

Dr. Babcock. What category is that? Mr. Bates. The ophthalmologist.

Dr. Babcock. He has taken enough so that the American Board of Ophthalmology recognizes his ability and gives him an examination and qualifies him as an educated-eve man. He is taken into that Board of Ophthalmology.

Mr. Bates. Is it possible that this so-called oculist, who you say has a knowledge of eye, ear, nose, and throat work, can pass the

examination of the American Board of Ophthalmology?

Dr. Babcock. He can if he wants to go to school for 3 years. There are several schools. Some of the schools, unfortunately, give only a 6 months' course, and if you want to take 3 or 31/2 years, you get the same course over two or three times.

Mr. Durham. Will the gentleman yield right there?

Mr. Bates. Go ahead.

Mr. Durham. Will he have to be a physician? Dr. Babcock. Yes; he has to be a physician. He can qualify to be an ophthalmologist. All he has to do is qualify himself.

Mr. Bates. But he has to take 3 years' more work?

Dr. BABCOCK. That is right.

Mr. Bates. In your opinion, he cannot become an ophthalmologist unless he has at least 3 years' college work, in order to pass the examination?

Dr. Babcock. No; I wouldn't say 3 years. I would say, if he wants to study enough and investigate it enough, he could pass it in less.

Mr. Bates. Well, would an ophthalmologist, in your opinion, for the most part, be one who has taken 3 years of additional work?

Dr. Babcock. I couldn't answer that. The men that I know have really gone to school and qualified themselves. I don't think the Board of Ophthalmology would pass them if they hadn't.

There is a red book that lists these men. A certain number of them are eye, ear, pose, and throat men, and a certain number are

ophthalmologists. We respect them very highly.

Mr. Bates. But oculists you don't think so much of?

Dr. Babcock. A lot of them, yes, we do; but a lot of them we don't. Mrs. Smith. Admiral Swanson, did you want to say something?

Admiral Swanson. Yes. I am a diplomate of the American Board

of Ophthalmology, and sometimes I am an examining member.

In the Navy at the present time we train men to become ophthal-mologists. They serve an internship. We teach them how to operate. We give them a course in the basic sciences. They get a certificate when they pass this examination.

However, this committee should know that the American Board of Ophthalmology was founded in 1915, and since that time various other specialty boards have been founded. As recently, I believe, as 1937 or 1938, they founded an American Board of Surgery, who are

establishing standards whereby men shall become surgeons.

However, I think it would be well to consider both an ophthal-mologist and oculist as one and the same person. Take Dr. Wilmer, who is head of the Wilmer Eye Infirmary and who is not a diplomate of the American Board of Ophthalmology because he doesn't choose to inconvenience himself by taking the examination.

It is only rather in the more recent years that people are trying to become members of the American Board of Ophthalmology. But

there are very, very many reputable oculists—

Dr. BABCOCK. That is right.

Admiral Swanson. Whom, I am sure, should they take the examination, could qualify.

Dr. BABCOCK. That is right.

Mr. Durham. May I ask a question?

Mrs. Smith. Mr. Durham.

Mr. Durham. Admiral Swanson, at the present time, if your trainees were to go back into civilian life, would the board recognize them as being qualified to practice?

Admiral Swanson. Our trainees?

Mr. Durham. Yes.

Admiral Swanson. We train all our people—

Mr. DURHAM. You say at the present time you are training these people to become ophthalmologists, is that correct?

Admiral Swanson. We are training them to become ophthalmolo-

gists, so they can be certified.

Mr. Durham. All right. If they go back into civilian life, will

they be recognized by the Board of Ophthalmology?

Admiral Swanson. Yes, sir. They take the examination and they are diplomates of the board. They are certified.

Mr. Durham. In other words, your curriculum, and the whole thing, has been approved by the board, as being sufficient to practice?

Admiral Swanson. That is right.

Mr. Bates. Doctor, going back to the distinction between these two professions, namely, ophthalmologists and oculists, and the statement made here by the witness that the ophthalmologist is one who has taken sufficient work, principally related to 3 years' additional college work, and having in mind that that man is a regular practitioner, that is, a regular doctor, what percent, in your opinion, of the ophthalmologists take 3 years' college work in addition to their medical course?

Admiral Swanson. We try to give them 2 years' training, so they

can qualify before the American board.

Mr. Bates. You think that is sufficient?

Admiral Swanson. They get a year in the basic sciences and then

they get a year of operating technique.

Mr. Bates. Yes. The witness has stated here that they have 3-year courses in colleges. I didn't ask him the question, but what percent of the doctors take this 3-year additional course in order to qualify for ophthalmology; that is, qualify to become opthalmologists?

Admiral Swanson. At the present time we are training one man at the Massachusetts Eye and Ear Infirmary. He is being trained for a period of 27 months. That is one of the better places for the training of opthalmology. At the end of 27 months he certainly can qualify.

Mr. Bates. Is that a well-established curriculum, Doctor, in the sense that we understand a regular college curriculum? Are there any schools especially set up covering a course over 3 years embracing all the subjects in a regular laid-out curriculum for the teaching of ophthalmology?

Admiral Swanson. We have eight hospitals now in which we train people to become opthalmologists. They take a year of basic sciences, and then they get a year of operating work. In most of our hospitals

they get more than a year of operating work.

Now, after these people take this course, they do not have to take this American Board of Ophthalmology examination. I mean, that is up to them. We encourage them, but they all don't take it.

Mr. Durham. Will the gentleman yield there?

Mr. Bates. Yes.

Mr. Durham. At that point, Doctor, why is there the necessity for you going into this training in ophthalmology at the present time? Couldn't you secure them from civilian life?

Admiral Swanson. Not enough sir.

Mr. Bates. Not enough?

Admiral Swanson. That is right.

Mrs. Smith. Won't we get into that story when we come to H. R. 1361, Admiral? We will be going into that very subject, won't we?

· Admiral Swanson. That is right.

Mr. Bates. I only inquired, Madam Smith, to make it a part of the record, to see just what this ophthalmology curriculum is and who teaches it.

Now, if the witness, Dr. Babcock, will tell us what schools there are that these men go to for 3 years for additional training, it will give us a better idea of what the ophthalmologists are.

Dr. Babcock. Well, I don't know the particular schools. I have been told that there are four or five. The Admiral should know better than I do.

Mr. Bates. Three were in his own hospitals, I understood, that

he was speaking of.

Admiral Swanson. We have eight hospitals.

Mr. Bates. Yes.

Admiral Swanson. I don't know. I would have to look that up.

Mr. Bates. Do you know of any?

Dr. Babcock. It seems to me I know of one: The New York Eye Infirmary so I was told, but I don't know because I am not interested.

Mr. Bates. Of course, you are interested because you made the statement that these men qualify as ophthalmologists only because they acquire 3 years more of study in the colleges.

Dr. Babcock. I didn't mean to state three years only. Enough

further study-

Mr. BATES. Is that right?

Dr. Babcock (continuing). To qualify before the board.

Mr. Bates. But you did mention a 3-year course.

Dr. Babcock. Up to 3 years. I know that is the limit that they take.

Mr. Bates. Do you know of any school of ophthalmology, we will call it, that has a regular 3-year coarse?

Dr. Babcock. No; I do not. I have never looked it up.

Mr. BATES. That is all, Madam Chairman.

Mrs. Smith. Mr. Durham? Mr. Durham. No questions. Mrs. Smith. Mr. Philbin? Mr. Philbin. No questions.

Mr. Philbin. No questions.
Mrs. Smith. Thank you very much, Dr. Babcock.
Dr. Babcock. Thank you, Madam Chairman.

Mrs. Smith. Mr. MacCracken, do you have any other people who want to be heard?

Mr. MacCracken. That is all.

Mrs. Smith. Thank you, Mr. MacCracken. Are there any other witnesses who want to be heard on H. R. 1982?

(No response.)

Mrs. Smith. General Kirk was obliged to leave, but will return to

answer a few questions before we get to reading the bill.

This completes the hearing on H. R. 1982, except General Kirk will be in for a few minutes the next time we meet.

Committee on Armed Services,
Subcommittee No. 9,
Hospitalization and Health (Medical Corps),
Thursday, February 27, 1947.

The subcommittee met at 10:45 a. m., Hon. Margaret Chase Smith (chairman) presiding.

Mrs. Smith. We will now take up H. R. 1361.

(H. R. 1361 is as follows:)

[H. R. 1361, 80th Cong., 1st sess.]

A BILL To establish the commissioned grade of medical administrator in the Hospital Corps of the Navy, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That for the performance of medical administrative and technical duties, the commissioned grade of medical administrator is hereby established in the Hospital Corps of the United States Navy. Officers of the grade of medical administrator shall have the rank of captain, commander, lieutenant commander, lieutenant (junior grade), or ensign. The total number of medical administrators shall not exceed 3 per centum of the authorized strength of the Hospital Corps, exclusive of personnel herein authorized.

SEC. 2. Medical administrators shall be staff officers and shall be subject to all provisions of law now existing or hereafter enacted relating to the advancement in rank and retirement of other staff officers, with the exception of the provisions of section 2 of the Act of June 10, 1926 (44 Stat. 717), and section 2 of the Act of August 5, 1935 (49 Stat. 530), relating to the composition of selection boards for staff officers. Boards for selection of officers of the Hospital Corps for recommendation for advancement in rank shall be composed of not less than six nor more than nine officers of the Hospital Corps not below the rank of captain: Provided, That in case there be not a sufficient number of officers of the Hospital Corps legally or physically capacitated to serve on such board as herein provided, officers of the Medical Corps on the active list above the rank of commander shall be detailed to duty on such board to constitute the required minimum membership.

Sec. 3. During the period that appointments to the Regular Navy may be made pursuant to section 5 of the Act of April 18, 1946 (Public Law 347, Seventy-ninth Congress, second session), no appointment to the grade of medical administrator shall be made except in accordance with the provisions of said Act. Of such number that may be authorized by the President for appointment pursuant to said Act, not to exceed 20 per centum shall be from persons who are graduates of recognized schools of pharmacy and not to exceed 15 per centum from persons who are graduates of recognized schools or colleges granting degrees in sciences

allied to medicine other than pharmacy.

Sec. 4. All appointments to the grade of medical administrator, except those provided for in section 3 of this Act, shall be with the rank of ensign from male citizens of the United States who shall not have attained the age of thirty-two on June 30 of the calendar year in which appointed. Of such number that may be authorized by the President for appointment annually, not to exceed 65 per centum shall be from persons serving as commissioned warrant or warrant officers of the Hospital Corps of the Regular Navy, not to exceed 20 per centum from persons who are graduates of recognized schools of pharmacy, and not to exceed 15 per centum from persons who are graduates of recognized schools or colleges granting degrees in sciences allied to medicine other than pharmacy.

SEC. 5. All appointments to the grade of medical administrator shall be made

by the President, by and with the advice and consent of the Senate.

Sec. 6. No person shall be appointed pursuant to section 4 of this Act until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy, and if he be a member of the Regular Navy, unless he is recommended for appointment by a commanding officer under whom he shall have served as a commissioned warrant or warrant officer.

Sec. 7. The Secretary of the Navy, under such regulations as he may prescribe, may revoke the commission of any officer appointed pursuant to section 4 of this Act while such officer is serving with the rank of ensign, and any officer whose commission is so revoked shall be discharged from the naval service without advanced pay or allowances: Provided, That any officer whose commission is so revoked and who at the time of his appointment under section 4 of this Act held permanent status as a commissioned warrant or warrant officer may be reappointed by the President without examination to such permanent status with the same lineal position and other rights and benefits which he would have had or would have attained in due course had he not been appointed a medical administrator.

Sec. 8. During such period as the permanent promotion or advancement of officers of the Navy remains suspended pursuant to the Act of June 30, 1942 (56 Stat. 463), medical administrators appointed under section 4 of this Act shall not be assigned running mates as provided in section 7 of the Act of June 10, 1926 (44 Stat. 720); immediately thereafter the Secretary of the Navy shall assign as their running mates such line officers as he may deem appropriate in the then existing circumstances.

SEC. 9. No officer of the Hospital Corps shall be entitled to command in the line or any other staff corps of the Navy nor shall any officer suffer reduction in pay or allowances by reason of appointment in accordance with this Act.

Sec. 10. (a) The first paragraph under the heading "Hospital Corps", page 572 of volume 39 of the Statutes at Large (Act of August 29, 1916), as amended by the Act of April 18, 1946 (Public Law 347, Seventy-ninth Congress, second

session), is hereby further amended to read as follows:

"Hereafter the authorized strength of the Hospital Corps of the Navy, exclusive of officers of the commissioned grade of medical administrator, shall equal 31/2 per centum of the authorized calisted strength of the Navy and Marine Corps, and as soon as the necessary transfers or appointments may be effected the Hospital Corps of the United States Navy shall consist of the following grades and ratings in addition to the commissioned grade of medical administrator: Chief pharmacists, pharmacists, and enlisted men classified as chief hospital corpsmen; hospital corpsmen, first class: hospital corpsmen, second class: hospital corpsmen. third class: hospital apprentices, first class; and hospital apprentices, second class; such classifications in enlisted ratings to correspond respectively to the enlisted ratings, seamen branch, of chief petty officers; petty officers, first class; petty officers, second class: petty officers, third class: seamen, first class and seaman, second class: Provided, That enlisted men of other ratings in the Navy and in the Marine Corps shall be clirible for transfer to the Hospital Corps, and men of that corps to other ratings in the Navy and the Marine Corps."

(b) The second paragraph under such heading is hereby amended to read as

follows:

"The President may hereafter appoint as many pharmacists as may be deemed necessary from the ratings of chief hospital corpsman, and hospital corpsman, first class: Provided, That no person shall be appointed pursuant hereto until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy: Provided further, That the pharmacists now in the Hospital Corps of the United States Navy or hereafter appointed therein in accordance with the provisions of this Act shall have the same rank, pay, and allowances as are now or may hereafter be allowed other warrant officers

SEC. 11. The Act of June 10, 1926 (44 Stat. 717), as amended, is hereby further

amended as follows:

(a) In paragraph 1 of section 1, strike out the word "and", and after the word "Dental" insert the following: ", and Hospital";

(b) In the first provise of paragraph 2 of section 1, strike out the word "or" after the words "Chaplain Corps" and substitute in lieu thereof a comma; and after the words "Dental Corps" insert the following: "or Hospital Corps";

(c) In the first proviso of section 4, strike out the colon after the words "dental officers" and substitute in lieu thereof a comma, and insert the following: "(h) hos-

pital corps officers:".

Sec. 12. The first sentence of section 6 of the Act of August 5, 1935 (49 Stat. 531), as amended, is hereby further amended by changing the period to a semicolon, and adding thereto the following: "Hospital Corps, two commanders and three lieutenant commanders'

SEC. 13. The Secretary of the Navy is hereby authorized to prescribe the

necessary regulations to carry out the provisions of this Act.

Mrs. Smith. Will you come up to the table, Admiral Swanson?

We will now hear Admiral Swanson on H. R. 1361.

First, do I understand that S. 238 is a similar bill, Admiral Swanson? Admiral Swanson. Yes, Madam Chairman.

Mrs. Smith. And have you any word as to action on that bill?

Admiral Swanson. No.

Mrs. Smith. Thank you, Admiral Swanson. You may proceed.

STATEMENT OF REAR ADM. CLIFFORD A. SWANSON, M. C., U. S. N., SURGEON GENERAL, UNITED STATES NAVY

Admiral Swanson. This bill is to establish the commissioned grade of Medical Administrator in the Hospital Corps of the Navy, and for other purposes.

1. This bill was submitted to Congress by the Navy Department as an essential part of its legislative program. It has been cleared by

the Bureau of the Budget.

2. The purpose of the proposed legislation is to provide for the appointment of commissioned officers in the Hospital Corps in the grade of medical administrator with rank from ensign to captain, inclusive. Such officers would be staff officers subject to all laws relating to advancement in rank and retirement of other staff officers of the Navy, and the total number of such officers would not exceed 3 percent of the authorized strength of the Hospital Corps. Initial appointments of officers would be made under the authority of the act of April 18, 1946, the act making provision for the transfer of temporary and Reserve officers to the Regular Navy—Public Law 347, Seventy-ninth Congress, second session. Initial appointments of graduates of recognized schools of pharmacy and graduates of recognized schools granting degrees in sciences allied to medicine other than pharmacy would be limited to specified percentages.

In addition to the initial appointments, original appointments would be made in the rank of ensign, from persons not over 32 years of age and from the following classes in specified percentages:

(a) Members of the Hospital Corps in commissioned warrant or

warrant grades;

(b) Graduates of recognized schools of pharmacy; and

(c) Graduates of recognized schools granting degrees in sciences

allied to medicine other than pharmacy.

Provisions are also included requiring establishment of qualifications for appointment; permitting revocation of commissions of original appointees while serving with the rank of ensign; assignment of running mates upon removal of the suspension of permanent promotions; limiting the command of Hospital Corps officers and preventing reduction in pay or allowances by reason of appointment under the act. The bill would also amend existing law to change the classifica-

tions of the enlisted men of the Hospital Corps.

3. The Bureau of Medicine and Surgery has been handicapped in its efforts to maintain the highest possible standards of efficiency throughout the Medical Department of the Navy (a) from the managerial standpoint, because of the inadequate rank of the officers of the Hospital Corps, which has resulted in either the inability of the Medical Department to make the fullest use of their qualifications, or the assignment to such officers of duties and responsibilities far in excess of those commensurate with their warrant or commissioned warrant status; and (b) from the professional standpoint, because of the absence of any provision of law whereby members of the professions allied to medicine could be commissioned in the Medical Department of the regular Navy in ranks commensurate with their educational qualifications and professional attainments.

4. The experiences of the Navy during World War II have demonstrated that there are many managerial and professional duties within

the Medical Department which, while not requiring personnel with the professional qualifications of medical practitioners, do demand qualifications and impose responsibilities of a higherorder than those normally assigned to personnel of the warrant grades. Such duties are those concerned with the administration and management of hospitals, medical supply depots, medical storehouses, Hospital Corps schools, and naval dispensaries, and with the Medical Department headquarters of naval districts, naval bases, and fleet and force commanders, and in particular with the personnel, material, and fiscal aspects of these activities. Such duties include hygiene and sanitation, venereal-disease control, rodent control, and corrective procedures requiring highly specialized services of a professional character closely allied to the profession of medicine. Because of the nature of the institutions operated by the Medical Department of the Navy and because its mission involves naval and military, as well as professional and technical aspects, individuals qualified to meet these diversified requirements must be drawn both from within the Medical Department of the Navy and from those individuals in civil life who are qualified by education and experience in the professions allied to the medical profession.

5. The handicaps referred to above have been overcome to an extent during World War II by the expedient of promoting officers to the Hospital Corps to temporary commissioned rank and by commissioning in the Naval Reserve members of the professions allied to the medical profession. The temporary promotions in commissioned ranks may only continue in force until 6 months after the termination of the Temporary Promotion Act of June 30, 1942 (56 Stat. 463). Unless legislation such as that hereby proposed is enacted at an early date, the Medical Department of the Navy, in the near future, may well expect to find itself in the same situation, insofar as this personnel problem is concerned, as existed during the period between the close

of World War I and the beginning of World War II.

6. The Navy has 591 Hospital Corps officers serving in commissioned ranks on a temporary wartime basis. The proposed bill would make commissioned rank from captain to ensign permanent, which rank would be in accord with the duties and responsibilities of these officers and in a way give pay more nearly approaching the pay for

similar administrative, fiscal and technical duties in civil life.

The bill, as previously stated, provides for a commissioned strength of 3 percent of the enlisted strength of the Navy, 500,000 and 100,000 enlisted marines, or a total of 600,000, 630 commissioned officers. Under the provisions of the transfer law, only 75 percent, or 472, of the total officer strength would be appointed initially, in order to avoid "humps" in the promotion list and so that the officer strength of the Hospital Corps would be built up over a period of years. It is proposed that 75 percent of the billets be filled during the first year of the operation of the act and that an additional 5 percent, over and above attrition, would be appointed each succeeding year until 100 percent of the authorized officer strength would be reached after approximately 5 years.

7. The length of service of permanent chief warrant and warrant officers of the Hospital Corps, who are now serving in temporary commissioned ranks, varies in individual cases from 16 to 40 years.

Many of these chief warrant and warrant officers hold degrees in law, chemistry, pharmacy, accountancy and business administration, pharmaceutical chemistry, and degrees in other sciences allied to medicine.

The majority of the permanent chief warrant and warrant officers of the Hospital Corps have attended colleges, universities, or other special courses of instruction, either in naval or civilian institutions, in one or more of the specialties allied to the work of the Medical Department. All of those who have attended civilian institutions of learning have done so on their own initiative, in addition to their regular full-time duties, and, in many cases, at their own expense, and consequently these chief warrant and warrant officers were able to assume responsibilities of a higher grade than those demanded of their rank and to render greater services to the Navy.

8. Laws relating to the Medical Department of the Army have

8. Laws relating to the Medical Department of the Army have provided in the Medical Administrative Corps and in the Pharmacy Corps commissioned rank for nonmedical personnel from second lieutenant to colonel, inclusive, similar to that in the proposed legis-

lation for the personnel of the Hospital Corps.

9. The estimated cost of this proposed legislation has been tabulated by the Navy Department and this statement of cost was submitted to Congress accompanying the draft of the legislation. This tabulation shows that to grant commissioned rank to the Hospital Corps would result in an increase in cost over those of the operation of the Hospital Corps under existing law amounting to \$131,211 for the first year, which increase would rise to \$176,665 after the fifth year and then remain at that figure, provided, of course, that the strength of the Navy remained constant. In considering this statement of increased cost, however, I think it is only fair to take into consideration that we now have 591 Hospital Corps officers serving in commissioned ranks on a temporary wartime basis, and therefore that for several years the increased cost indicated by the table have been in actual effect.

10. Unless this legislation is enacted, the Navy will lose 155 temporary Reserve officers who have an average of 5 years' experience in an officer status, or one-third of the total initial appointments. In addition, there will be lost many temporary officers, whose permanent status is enlisted, Regular Navy, who will request reversion to their permanent enlisted status and discharge from the naval service in order to accept available positions in civil life. Among these officers there is the education, training, experience, and knowledge which carries forward the business operation of the entire Medical Department. Lacking this legislation, the Navy has nothing to offer the Hospital Corps in the way of a career or advancement. I recommend and trust that the committee will report the bill favorably.

I have four exhibits.

Mrs. Smith. Without objection, they will be included in the record. (The documents referred to are as follows:)

EXHIBIT A

Estimated cost of the proposed Hospital Corps bill over the 10-year period July 1, 1946; to July 1, 1956

Fiseal period	Estimated cost of proposed bill	Estimated cost under existing law	Excess cost of proposed bill over cost under existing law
July 1, 1946, to July 1, 1947 July 1, 1947, to July 1, 1948 July 1, 1948, to July 1, 1949 July 1, 1949, to July 1, 1950 July 1, 1950, to July 1, 1950 July 1, 1951, to July 1, 1952 July 1, 1952, to July 1, 1953 July 1, 1953, to July 1, 1955 July 1, 1954, to July 1, 1955 July 1, 1955, to July 1, 1955 Total Average per year Average per efficer per year Average per C. S. Navy officer in Navy for month of March 1946 (from Bureau of Personnel).	2, 222, 027 2, 354, 508 2, 483, 055 2, 617, 493 2, 617, 493 2, 617, 493 2, 617, 493 2, 617, 493 2, 617, 493	\$1, 829, 000 1, 953, 000 2, 072, 914 2, 196, 914 2, 316, 828 2, 440, 828 2, 440, 828 2, 440, 828 2, 440, 828 2, 440, 828 2, 440, 828 2, 440, 828 2, 440, 828 3, 572, 796 2, 257, 280 3, 574 4, 782	\$131, 211 141, 619 149, 113 157, 594 166, 227 176, 665 176, 665 176, 665 176, 665 176, 665 176, 665 176, 665 278, 689

EXHIBIT B

Proposed distribution of the 5 percent of the total strength of the Hospital Corps officers with qualifications as optometrists

Commandant— First Naval District First Naval District Fourth Naval District Fifth Naval District Fifth Naval District Seventh Naval District Lighth Naval District Eighth Naval District Eleventh Naval District I Ninth Naval District Eleventh Naval District I Twelfth Naval District I Twelfth Naval District I Thirteenth Naval District, Pearl Harbor, T. H. I San Diego, Calif. Corpus Christi, Tex. Jacksonville, Fla. Commander Service Force— Atlantic. Pacific First Marine Division I Third Marine Division I Third Marine Division I Third Marine Division I Commandant, Fourteenth Naval District, Pearl Harbor, T. H. I Naval Medical Center, Guam, Marianas Islands I

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EXHIBIT C

The proposed distribution of 20 percent of the Hospital Corps officers who are graduate pharmacists throughout the Medical Department of the Navy will allow for the supervision of large drug rooms, procurement and distribution of medical supplies, supervision of storage and issuance of medical supplies, pharmaceutical research, and to teach enlisted personnel the fundamentals, principles, and practice of pharmacy.

34 naval hospitals 34
34 naval hospitals
Joint Army-Navy Procurement Office
Joint Army-Navy Procurement Office
U. S. S. Benevolence
U. S. S. Consolation
II S. S. Panaga
II S. Navel Dispanse w. Washington D. C.
U. S. Navai Dispensary, washington, D. C.
U. S. S. Repose. U. S. Naval Dispensary, Washington, D. C. Bureau of Medicine and Surgery, Washington, D. C. Naval Research Institute, National Naval Medical Center, Bethesda, Md. Naval Medical School, National Naval Medical Center, Bethesda, Md.
Naval Research Institute, National Naval Medical Center, Bethesda, Md.
Navai Medicai School, National Navai Medicai Center, Bethesda, Md
U. S. Navai Academy, Annapolis, Md
United States naval medical supply depot—
Oakland, Calif
Pearl Harbor, T. H.
Guam, Marianas Islands Naval Medical Center, Guam, Marianas Islands
Naval Medical Center, Guam, Marianas Islands
Institute of Tropical Medicine, Guam, Marianas Islands
Naval Medical Research Institute, Guam, Marianas Islands
First Marine Division, Fleet Marine Force
Second Marine Division, Fleet Marine Force
Third Marine Division, First Marine Force
Fleet Marine Force:
Atlantic
Pacific
District medical office—
First Naval District
Third Naval DistrictFifth Naval District
File Nava District
Eleventh Naval District
Twelfth Naval District
Thirteenth Naval District
Fifteenth Naval District
Seventeenth Naval District Fleet Service Dispensary, Pearl Harbor, T. H
Fleet Service Dispensary, Pearl Harbor, T. H.
Naval Air Station—
Patuxent River, Md
San Juan, P. R
San Juan, P. R. San Diego, Calif
Pensacola, Fla Corpus Christi, Tex Naval operating base, Norfolk, Va Naval station, naval operating base, Norfolk, Va
Corpus Christi, Tex
Naval operating base, Norfolk, Va
Naval station, naval operating base, Norfolk, Va
Naval training station
Great Lakes, Ill
San Diego, Calif
Marine barracks—
Paris Island, S. C
Camp LeJeune, New River, N. C.
Camp Joseph Pendleton Oceanside Calif
Quantico Va
Quantico, Va
Hospital Corps school—
Hospital Corps school— Portsmouth, Va
Great Lakes, Ill
Con Diago Colis
San Diego, Ćalif
Naval shipyard—Portsmouth, N. H
Portsmouth, N. H.
Boston, Mass
New York, N. Y.

Naval shipyard—Continued Philadelphia, Pa	1	
Portsmouth, Va.	1	
Charleston, S. ('Mare Island, Calif	1	
Bremerton Wash	1	
Hunters Point, Calif Naval unit, Special Project Division, Chemical Warfare Service, Camp	-1	
Detrick \ld	2	
Commander, Philippine Sea Frontier	. 2	
Commander, Philippine Sea Frontier Marine Corps Air Station, Cherry Point, N. C Marine Air, Fleet Marine Force, Atlantic	.1	
Marine Air, Fleet Marine Force, Atlantic	1	
Total	126	
Exhibit D		
The following is the proposed distribution of the 65 percent administrative Hospital Corps officers and their duties:		
34 naval hospitals: Administrative assistants to executive officer	9.4	
Finance officers	34	
Personnel officers	34	
Commissary officers	34	
Total	136	
Staff headquarters, naval districts: Administrative assistant to district medical officer	15	
Finance officers	7	
Sanitation, venereal disease, and rodent control officers	9	
Total	31	
Staff area commanders and sea: Administrative assistants to staff medical		
officers	14	
Fleet Marine Force:		
Administrative assistants to staff medical officers	9	
Finance and personnel Medical supply	18	
Total	33	
Vessels of the fleets: Finance, personnel, and records		
Naval air stations: Finance, personnel, and records	20	
Naval medical research institutes and research units: Administrative assistants to medical officers in command	4	
Finance and personnel	4	
Total	8	
Naval School of Hospital Administration and 3 Hospital Corps Schools:		
Instructors	15	
Marine Air, Atlantic and Pacific: Administrative assistant to medical	10	
officer, finance and personnel	10	
supply depots, storehouses, and dental facilities: Administrative assistant,		
finance and personnel. Reserve fleets, Atlantic and Pacific: Administrative assistant, finance and	122	
Reserve fleets, Atlantic and Pacific: Administrative assistant, finance and personnel	15	
Bureau of Medicine and Surgery. Navy Department, Washington, D. C.:		
Administration, finance, personnel, and technical duties	40	
Crowd total	470	

Mrs. Smith. Now, actually, Admiral Swanson, if this bill is approved, there won't be any additional cost over that during the war?

Admiral Swanson. During the past 5 years.

Mrs. Smith. Why is the proposed number of commissioned officers of the Hospital Corps established at 3 percent? Where did you get that 3 percent?

Admiral Swanson. On a 600,000 enlisted strength for the Navy and Marine Corps, on the 3-percent basis we have available 630

billets.

Mrs. Smith. And the 3 percent is what you actually need?

Admiral Swanson. Yes, ma'am.

Mrs. Smith. Why do you feel that your administrative officers should be drawn from the commissioned warrant and the warrant rank of the enlisted men? I thought the same procedure had been tried by the Army in connection with the administrative Medical Corps and found to be unsatisfactory because of the poor quality of personnel obtained.

Admiral Swanson. Well, Madam Chairman, from our experience we have found that we get a very high grade man from the enlisted

ranks of the Navy Hospital Corps.

It may not be amiss at this time to give you a brief résumé of how they do become warrant officers.

Mrs. Smith. If you please.

Admiral Swanson. When a boy enlists in the Navy he goes to one of our training centers, such as Great Lakes, San Diego, or Bainbridge. He then goes through a period of recruit training, which at the present time lasts for 6 weeks. After that time these recruits are screened by psychologists and doctors, to find out where their aptitude lies.

If their aptitude lies toward the Hospital Corps, we then take them, with one proviso, of course, and that is that they must have had at least a high-school education. They are then sent to a Hospital Corps school, which we maintain at the present time at Bainbridge and San Diego. There they receive a 16-week indoctrination course, in which we teach them anatomy, physiology, pharmacy, or the ele-

ments of first aid.

After this period of 16 weeks—which in peacetime will be increased to 6 months—we then send them to a naval hospital for a minimum period of 18 months. This is on a rotating service. Three months they will spend in surgery. Three months they will spend in the operating room. Three months they will spend in medicine. Three months they will spend in the clerical and accounting office. Then the other 6 months they may elect to go into X-ray and X-ray technician, or into one of the specialty wards.

During this period of 18 months they also receive a minimum instruction of 1 hour a day for 4 days each week while in that hospital.

Then, after this period, we send the boy to sea, preferably on a large aircraft carrier, or a battleship, or a hospital ship, or to a foreign station where there is a hospital. He spends a minimum of 1 year

on one of these larger ships.

After that time we may detach him to a smaller ship. He then comes back, as his enlistment is up at that time. If he chooses to reenlist, he comes back, and we send him to the advanced Hospital Corps school, which is located in Norfolk, where he gets 16 weeks of training, and this training is of such a caliber that it would enable

him to go on independent duty. He could be the Hospital Corps man on a submarine. We have no doctors on submarines, for instance, and on many of the destroyers. He is then fitted, we believe, to take care of these responsibilities, let us say, on destroyers and smaller ships.

Then, we also place him in a hospital where, according to his choice, he may become a technician, that is, an X-ray technician or a labora-

tory technician, or a technician in one of these allied deals.

After a period of approximately 9 years, when he is a first-class pharmacist's mate, if he can pass the examination and has got what we feel are the necessary qualifications, we will select him as a warrant officer in the Navy.

Then, after 6 years of that, he becomes a chief warrant officer.

Mrs. Smith. Actually, then, all he has to have is a high-school

education and the initiative to go on?

Admiral Swanson. That is correct, but a rather interesting thing is that an astounding large number of our people doing these duties in the hospitals, and so forth, go to school at night and get degrees. We have many of them that are doctors, that is, holding a doctor's degree.

Mrs. Smith. Under existing law, are warrant officers and chief warrant officers eligible in any way for advancement to higher rank?

Admiral Swanson. No.

Mrs. Smith. In other branches of the Navy?

Admiral Swanson. Yes, in other branches of the Navy they can become commissioned officers.

Mrs. Smith. You didn't have commissioned pharmacists before the

war, as I understand it.

Admiral Swanson. We had registered pharmacists. These boys were able to become registered pharmacists. They were able to take

the examinations and pass them.

Commander Young. In 1938 we had a total of 22 registered and graduate pharmacists. We have one of the graduate pharmacists, in the Hospital Corps, who graduated from one of the original pharmacy schools, at Purdue University, who has been with us for 38 years.

Mrs. Smith. Under this plan there will be more than that number.

Commander Young. Yes, ma'am.

Admiral Swanson. Under this plan we will get many of our pharmacists from recognized schools, holding bachelor of science degrees in pharmacy.

Mrs. Smith. How many officers, Admiral, would be initially commissioned under this bill, on the present authorized strength of the

Navy and Marine Corps?

Admiral Swanson. Four hundred and seventy-two. Mrs. Smith. And in what ranks and specialties?

Admiral Swanson. They will be commissioned in the ranks of ensign to commander, with the same percentage distribution as the rest of the Navy: but initially there would not be any captains.

Mrs. Smith. How many have been selected to date? Admiral Swanson. Two hundred and sixty-four.

Mrs. Smith. How many do you need with the authorized strength? Admiral Swanson. With the authorized strength, we would like to have 472.

Mrs. Smith. Why haven't you the full quota?

Commander Young. Due to the uncertainty of this bill, which has been hanging fire since 1944, many men who have been selected have decided to go out because it is impossible for them to keep an employer waiting with the statement, "I will take the job for a couple of months but can't assure you I can take it for much longer."

He has either got to get a permanent job or get in the Navy, one or the other. The man who proposes to employ him will not accept him on a temporary basis. They want a man who will stay on a

permanent basis.

Admiral Swanson. There is another thing. The suggested strength of the Navy for next year is 425,000 enlisted personnel of the Navy and 90,000 of the Marine Corps. That, in itself, would make a lesser number than 630.

Mrs. Smith. But more than the number that you have already

selected.

Admiral Swanson. We want to cushion that, because we don't know just what the appropriated strength is going to be.

Mrs. Smith. Will you be able to get as many as you want if Con-

gress approves this bill?

Admiral Swanson. I believe we can during the next 5 years.

Mrs. Smith. How does the Navy propose to administer the bill if it becomes a law?

Commander Young. May I answer that?

Admiral Swanson. Yes.

Commander Young. The administration of this will be under the provisions of Public Law 347, for the initial transfer of those over to the Navy. Then, after that, the pharmacists and optometrists will be recruited from colleges, upon graduation from colleges, each year, and brought into the Navy, through examination, as concurred in by

the council on education in each one of those professions.

Those in the service will get theirs through competitive examination, upon application approved by his commanding officer, who forwards his request for consideration for examination, and after careful survey of his records in the Bureau of Naval Personnel he is advised that he is eligible to take the examination, a statutory examining board prepares the questions in the Bureau of Naval Personnel and forwards them to his senior officer present, be that the commandant of a district or a fleet commander, who in turn appoints a supervisory board of officers, and under strict supervision and after a careful physical examination to make sure that he is physically qualified he is given the probational examination.

Now, this local board only grades him in the practical phase of the examination. His written examination is then retured to Washington, goes before a statutory board in Washington, and it is reexam-

ined by them. They grade him there.

Only those few that make sufficiently high marks, the highest ones, in other words, are selected to fill the existing vacancies and will be appointed.

Mrs. Smith. What would be the difference in the administrative

cost of the present plan?

Commander Young. There is no difference in the administrative cost. If we don't have commissioned Hospital Corps officers, we must have warrants and chief warrants to carry on the duties in that department of the Navy.

Mrs. Smith. Actually, then, you aren't setting up a new corps at all with this bill, but are simply establishing a commissioned-officer rank above the chief warrant; is that correct?

Commander Young. That is right.

Admiral Swanson. That is correct, Madam Chairman.

Mrs. Smith. You have heard the testimony and discussion on H. R. 1982. Do you think you and the Army could get together on the provisions of these two bills, H. R. 1982 and H. R. 1361, and bring out one bill for both services so that the new legislation would provide

similar provisions for both the Army and the Navy?

Admiral Swanson. We have resolved many of the differences. Madam Chairman. We have some suggested amendments to our bill, so as to approximate more closely that of the Army, which can be resolved upon a reading of the bill and having the amendments included.

Mrs. Smith. It seems to me that your proposal gives the enlisted man much better opportunity of getting ahead than the Army bill

does, is that true?

Admiral Swanson. Madam Chairman, we have found that the men we select for officers from the enlisted ranks are outstanding men. We want to maintain it. The Medical Department of the Navy wants to maintain that system.

Mrs. Smith. Mr. Bates, do vou have any questions?

Mr. Bates. Admiral, again. I want to ask this question -perhaps

Captain Nunn might be able to answer it in a broader sense.

The percent of staff officers to the enlisted personnel in the Navy is what? I recall last week we increased the civil engineers from two to three percent, in the bill we filed. Now, as to the other staff officers, what is the percentage applied to each one of those groups? Do you happen to have that before you?

I am inquiring as to the basis for the 3 percent here suggested.

Captain Nunn. In the Medical Corps, sir, the percentage of medical officers is 0.65 percent of all personnel, that is, officers, enlisted, midshipmen, prisoners, et cetera.

In the Dental Corps, the distribution here is 1 officer of the Dental

Corps for each 500 persons in the Navy.

Mr. BATES. That is 0.5-

Mr. RIVERS. How do you figure that?

Captain Nunn. One for each 500, sir. The statutes provide for a percentage in the case of Medical Corps officers, but in the case of Dental Corps officers, the law provides 1 for each 500 of all personnel.

In the Chaplain Corps, it is 1 officer for each 800 of all personnel. In the Supply Corps, it is 12 percent of the officers of the line.

In the Civil Engineer Corps, it is 3 percent of the officers of the line.

Mr. BATES. That is not that now.

Captain Nunn. It is 2 percent now, and 3 percent if the requested measure is enacted, sir.

That is the distribution, Mr. Bates.

Mr. Bates. Now, this 3 percent would be the equivalent of what,

on the basis of, say, 500,000 men?
Captain Nunn. The 3 percent in this bill, sir. is actually 3 percent of officers based upon the number of enlisted Hospital Corps men, sir. Mr. Bates. That would be about 1 to 300, wouldn't it?

Captain Nunn. And the enlisted Hospital Corps men strength is 3.5 percent of the enlisted strength of the Navy and Marine Corps.

Mr. Bates. Hospital Corps? Captain Nunn. Yes, sir:

Mr. BATES. Let me have that again.

Captain Nunn. 3.5 percent of the enlisted strength of the Navy and Marine Corps, sir.

Mr. Bates. That is the entire Hospital Corps, which, for the most

Captain Nunn. Are enlisted men. Mr. Bates. Are enlisted men.

Captain Nunn. And the officers which would be established or commissioned under this bill would be 3 percent of the Hospital

Mr. RIVERS. Three percent of 3.5?

Captain Nunn. Yes; 3 percent of 3.5 percent of 600,000.

Mr. RIVERS. That is right.

Captain Nunn. Which gives about 630, I believe; 630 is the answer. sir.

Mr. Durham. Yes. Mr. Bates. This bill provides the same percent, say, 3 percent of the entire enlisted personnel in this new Medical Corps, which is still to be known as the Hospital Corps, for officers.

Admiral Swanson. Yes, sir.

Mr. Bates. I notice there is some change here, as suggested in the classification. I don't know whether that changes the name or not. You didn't mean that, did you?

Captain NUNN. No.

Mr. Bates. The bill changes the classification of the enlisted men

in the Hospital Corps.

Commander Young. That only pertains, Mr. Bates, to the enlisted personnel, which we have had some difficulty with over previous years, being more or less of a misnomer.

The title of men in the naval service generally follows along the line

of their profession or type of duties.

The title of pharmacist mate would tend to lead one to believe that a pharmacist mate practices pharmacy, because of that title. However, he is a Hospital Corps man, and we propose to change it to Hospital Corps man, which indicates what his particular type of duty is all over the Navy, whether he be on a small ship doing eye, ear, and nose work, or is working in the operating room, and so on.

Mr. Bates. Do I understand you are going to wipe out the phar-

macist mate ratings altogether under this bill'

Commander Young. The pharmacist mate rating will be changed, if this bill is enacted, to the name Hospital Corps man.

Mr. Bates. I see.

Commander Young. With the same prospective grades, but just

a change in title.

Mr. Bates. In other words, we have two classifications now within the Hospital Corps: Pharmacist mates and Hospital Corps men, and

you are just going to have one; is that it?

Commander Young. No, sir. It will wind up this way: An unrated man is a hospital apprentice second class and hospital apprentice first class. Then he becomes a petty officer, which now means a thirdclass pharmacist mate.

Mr. Bates. What is the third-class rating? Commander Young. I beg your pardon, sir?

Mr. Bates. You mentioned second-class hospital corpsman.

Commander Young. Second-class hospital apprentice.

Mr. BATES. What is the first-class rating?

Commander Young. The pharmacist mate third class would be a hospital corpsman third class.

Mr. BATES. I see.

Commander Young. Under this bill.

Mr. BATES. I see.

Commander Young. And so on up the ladder, to chief.

The names of warrants do not change. We did that at the request and after working with the American Pharmaceutical Association on it.

Mr. Durham. Will the gentleman yield?

Mr. Bates. Yes.

Mr. Durham. The so-called pharmacist's mates are a misnomer.

Commander Young. That is right, sir.

Mr. Durham. All right.

Mr. Bates. Now, under the provisions of this bill, what we are doing is applying 3 percent to the entire enlisted personnel within this particular Hospital Corps, for officers; is that right?

Admiral Swanson. Only applying 3 percent of the enlisted strength;

that is, of the strength of the Hospital Corps.

Mr. BATES. Three percent of the entire enlisted strength of the Hospital Corps?

Admiral Swanson. That is right.

Mr. Bates. Whereas the Hospitals Corps as such is 3 percent of the enlisted strength of the Navy.

Admiral Swanson. 3.5 percent of the enlisted strength of the

Navy and Marine Corps.

Mr. Bates. I see. You have 591 commissioned officers in the Hospital Corps; is that right?

Commander Young. That is correct, sir. Admiral Swanson. That is true.

Mr. Bates. And all are serving in temporary ranks?

Admiral Swanson. That is correct.

Mr. Bates. Of course, if we do change the law when the emergency is over, they will go back to their own ratings?

Admiral Swanson. They will go back either to warrant officers or

enlisted status.

Mr. Bates. Whatever rating they had before?

Admiral Swanson. That is correct.

Commander Young. That is right, sir; they will go back to their permanent status.

Mr. Bates. That would probably bring about a complete disorganization of the men in your upper ranks in the Hospital Corps.

Admiral Swanson. That is correct.

Mr. Bates. And that also applies to the line or staff corps, unless we do something about it, too.

Now, under the provisions of this bill, I want to ask about the

additional cost.

Admiral Swanson. Yes, sir.

Mr. Bates. If you have 591 commissioned officers now in the Hospital Corps, what will you have under the provisions of this bill?

Admiral Swanson. Under the provisions of this bill, I think we could give it to you on-

Mr. Bates. You are on about a 450,000-man basis now; aren't

Admiral Swanson. We are on a basis of 425,000 men in the Navy, plus 90,000 marines.

Mr. BATES. Four hundred and twenty-five thousand-

Admiral Swanson, Or 515,000.

Mr. Bates. Say about 500,000. And you have 591 commissioned officers, with that strength?

Admiral Swanson. Yes, sir; that is right.

Mr. Bates. Now, under the provisions of this bill, with the same strength, how many officers would you have, on permanent rank?

Captain Nunn. Mr. Bates, we could have the full 630 because the strength of the Hospital Corps is 3.5 percent of the authorized, not the actual enlisted, strength of the Navy and Marine Corps.

Mr. Bates. That is the entire Hospital Corps, though?

Captain Nunn. Yes, sir.

Mr. Bates. But I am speaking about that so-called 3 percent of officer personnel, or 3.5 percent of the Hospital Corps; is it not?

Captain Nunn. Yes, sir.

Mr. Bates. You see, one relates to the enlisted strength of the Navy, and that is 3.5 percent.

Captain Nunn. Of the authorized enlisted strength, sir. That is a

firm figure, sir.
Mr. Bates. Well, whatever the strength is.

Captain Nunn. No, sir. It remains, as authorized, at 600,000

total enlisted strength.

Mr. Bates. I know, but if you had 500,000, and to follow your thoughts through that we would have, say, 3.5 percent of the authorized strength of 500,000, we would be permitted to have, let us say, 1.500 commissioned officers in the Hospital Corps. In other words, it must tie into the actual strength of the Navy.

Captain Nunn. That is the purpose of my remarks, sir: To point out that as this bill is written, and as existing law stands, the strength of the Hospital Corps is based upon the authorized, not the actual, strength of the Navy, so we could have 3.5 percent of 600,000 persons,

or about 21,000

Mr. Bates. 21,000?

Captain Nunn. Yes, sir; in the Hospital Corps.

Mr. Bates. In the Hospital Corps?

Captain Nunn. Regardless of the actual size of the Navy and

Marine Corps.

Mr. Bates. Then, would you say, under the provisions of the law as is, and when the actual strength of the Navy goes down, say, to 400,000, we still can have 3.5 percent of the 600,000, or 21,000 men in the Hospital Corps?

Captain Nunn. Yes, sir; so far as the authorizing law is concerned. Of course, what would control that would be exactly what controls the actual strength of the Navy, and that is the budgetary consider-

Mr. Bates. I know, but there is a conflict there. You are authorized 3.5 percent of the authorized strength of the Navy to be in the Hospital Corps. Now, that doesn't apply to your commissioned

ranks in the line and the staff, because you are tied in, say, to 7 percent of the strength of the Navv: are you not?

Captain Nunn. Yes, sir.

Mr. Bates. If you have 500,000 men in the Navy and you are authorized to have 7 percent of commissioned officers in the line, which is 35,000 officers, and that gets down to 300,000 men, you are allowed to have only 21,000 officers.

Commander Young. The present law reads— Mr. Bates. Wait a minute; let's just get that answer.

Commander Young. Excuse me, sir.

Mr. Bates. Because I don't think that is correct. I don't think you have the same number of officers under the law

Captain Nunn. Yes, sir.

Mr. Bates. For 300,000 men as you could for 500,000 men.

Captain Nunn. Public Law 347 of the last Congress, sir, which fixed the authorized strength of the enlisted and officer strength of the Navy and Marine Corps provides, in section 4, that the authorized number of commissioned officers of the active list of the line of the Regular Navy, exclusive of commissioned warrant officers, shall hereafter be equal to 7 percent of the authorized enlisted strength of the active list of the Regular Navy, sir.

Mr. Bates. Then, by that language, you would interpret it to mean that subsequently, if we appropriate X number of dollars for the Navy.

we would tie an authorized strength to that appropriation?

Captain Nunn. Yes, sir.

Mr. Bates. On the basis of, say, 500,000 men, we could have 7 percent commissioned officers of the line. That is what that refers to entirely—to the line.

Captain Nunn. That is what that means.

Mr. Bates. Then, if we go down to 300,000, you wouldn't construe that to mean that we could still have 7 percent of the 500,000.

wouldn't construe that to be the case?

Captain Nunn. That is what the law authorizes, sir. It is written this way, so that if this year we have a 500,000-man Navv—that is, enlisted strength—we may have—we don't have, but we may have— 5,000 line officers.

Mr. Bates. That is right.

Captain Nunn. Seven percent.

If next year we were to go down to a 400,000-man Navy, because of budgetary control, we would not have to discharge officers.

Mr. Bates. You may have 10 percent; is that it-

Captain Nunn. No, sir.

Mr. Bates. Of the enlisted strength at that time.

Captain Nunn. We would still have an authorized officer strength of 7 percent.

Mr. Bates. On what basis? Of the 500,000, or the 400,000?

Captain Nunn. Seven percent of 500,000, sir. That would be the

authorized strength.

Mr. Bates. Well, let us put it another way: Suppose the present law stands and you have 7 percent of the present authorized strength, which is 500,000 men. That gives you 35,000 line officers.

Captain Nunn. Yes, sir.

Mr. Bates. Suppose next year Congress says, "Well, 500,000 is altogether too many; we will cut it down to 300,000"-by appropriation, I am speaking now, and not by authorization—so they give you just enough money to have a 300,000-man Navy, which is your enlisted strength. You have 35,000 officers. Are you going to keep the 35,000 officers, in order to maintain the 7 percent of the 500,000?

Captain Nunn. No, sir; we wouldn't, because we wouldn't have

money enough to pay them.

Mr. Bates. You would have the authority, but not the money? Captain Nunn. We would have the authority; yes, sir. We

wouldn't have money enough to pay them.

Now, we have in the past been confronted with exactly that situation, and in the past the net result has been that we were unable to commission graduates from the Naval Academy. That has happened in the past.

Mr. BATES. That is all.

Captain Nunn. It stops the input.

Mrs. Smith. Mr. Rivers?

Mr. RIVERS. That testimony is interesting.

As a practical matter, though, Captain, what Mr. Bates has brought out wouldn't happen, because you people wouldn't be so foolish as to stick your neck out like that.

Captain Nunn. That is right, sir, and that is one of the reasons why we are going very slow in filling up to the authorized strength of

35,000 now.

Mr. RIVERS. That is right; because when you make a contract, a

contract is a contract.

Captain Nunn. Yes, sir. We don't want to have to dismiss an officer. We don't want to have such high forced attrition based upon

Mr. RIVERS. Now, from the figures I have, 630 officers are to be

Admiral Swanson. Six hundred and thirty.

Mr. RIVERS. Three percent of 21,000. Admiral Swanson. The enlisted branches of the Hospital Corps of the Navy and the Marine Corps is 3.5 percent.

Mr. RIVERS. Of-

Admiral Swanson. Of 600,000.

Mr. RIVERS. Six hundred thousand?

Admiral Swanson. Yes, sir. Mr. RIVERS. Which is 21,000? Admiral Swanson. Yes, sir.

Mr. RIVERS. And 3 percent of 21,000 is-Admiral Swanson. Six hundred and thirty.

Mr. RIVERS. Six hundred and thirty? Admiral Swanson. That is correct.

Mr. RIVERS. Well, now, it is interesting to me, and I do think, Colonel—I am not saving this by way of criticism, but I do think the Navy gives them more opportunity, it looks like to me.

Of course, we read in the newspapers where a hospital corpsman or a pharmacist mate, or somebody aboard a submarine, takes out a

man's appendix and his tonsils, and every other thing.

My colleague here was in the Navy during the last war, that is, World War I, and he tells me he took out a lot of tonsils. He was a pharmacist mate.

I mean, it is interesting to me to notice how well rounded your pharmacist mates are. They are really doctors, in a limited sense.

Admiral Swanson. They are pretty well trained.

Mr. Durham. They have to do a lot of things under necessity, sometimes.

Mr. RIVERS. You have had a change of heart, Admiral, in giving these boys a chance to be officers.

Admiral Swanson. Not a change of heart. I have always felt that

way.

Mr. RIVERS. But you just now have gotten to the point where you can do something about it.

Admiral Swanson. That is right.

Mr. RIVERS. I think it is a great thing.

Now, you are going to get out and commission 630 people.

Admiral Swanson. At the present time we have 264 selected.

Mr. RIVERS. What is the period of your integration? What do you propose that to be—1 year?

Commander Young. You mean the transfer under the permanent

law?

Mr. RIVERS. Yes.

Commander Young. That is controlled by Public Law 347, and the regulations set up by the President of the United States, as provided in 347.

Under the regulations prescribed by the President of the United States, any man who is on active duty in a temporary or Reserve officer status and who meets the age limitations, educational qualifications, and the rest of the stipulated qualifications may request transfer to permanent commissioned rank in the Regular Navy so long as he is serving in that rank or for 6 months thereafter. In other words, a man that is separated from the service has 6 months after he has finished his terminal leave, in the case of a man going out, to put in an application for transfer to the Regular Navy in a commissioned status.

Mr. RIVERS. How long is that going to exist?

Admiral Swanson. Well, that will exist until temporary appointments are revoked, until they all go out.

Mr. Rivers. Of course, we are still in an emergency.

Admiral Swanson. Yes, sir.

Mr. RIVERS. Now, are you going to do the same as the Army has done? They have testified that General Eisenhower said that if a boy is good enough to fight and do a good job in the war, he is good enough to be considered for a Regular status. Don't you have some

kind of a provision like that?

Admiral Swanson. Yes, sir. The law provides for the transfer of temporary USN officers not holding permanent commissions therein, and Reserve officers to the Regular Navy. That takes care of the group of officers as to which General Kirk said that General Eisenhower had stated were good enough to serve in peacetime, if they were good enough to serve during the war. That takes care of the same group within the Navy.

Mr. RIVERS. Those few who are able to be selected?

Admiral Swanson. Yes, sir.

Mr. RIVERS. I hope it won't be so bloomin' hard that they can't get there, Admiral. Of course, I can appreciate you want the finest

but-

Commander Young. At the present time, of that 264 selected, 211 are those temporary officers whose permanent status is warrant or chief warrant, or enlisted in the United States Navy. They have qualified by meeting the qualifications.

Mr. RIVERS. And the fellows you take on from the outside will have to take a lot of additional training when they get in the Navy?

Admiral Swanson. We will send them to our schools.

Mr. RIVERS. Yes, sir. That is all.

Mrs. Smith. Mr. Durham.

Mr. Durham. Admiral Swanson, I must, of course, congratulate you on this movement. I think it covers about all of the objections that have existed for many, many years, in my opinion. I spent a little time in the service and know a little something about it.

At the present time, these 472 officers here that you are planning to transfer from the Reserves to the Regular Navy, could you give us what their professional rank is at the present time? Have you a

break-down of that, or could you put it in the record?

Admiral Swanson. Yes, sir; Mr. Durham. I will have that for the record.

(The matter referred to is as follows:)

Of the 472 Hospital Corps officers to be transferred from temporary rank in the United States Navy and United States Naval Reserve to permanent rank in the Regular Navy, the distribution by professions will be 94 graduate pharmacists, 24 graduate optometrists, and 354 temporary Hospital Corps officers.

Mr. Durham. Now, do all of those men meet the qualifications required under the bill? Were they brought in under the qualifications of the old law?

Commander Young. These selections are made, Mr. Durham, under the provisions of Public Law 347, and the regulations prescribed and established by the President.

Mr. Durham. They all have to meet the qualifications of this act?

Commander Young. Yes, sir.

Mr. Durham. I see.

Commander Young. This initial transfer, of approximately 472, 75 percent of the total number that can be appointed, must be transferred under Public Law 347, sir.

Mr. Durham. And can you tell us how many of those at the present

time in this group are pharmacists?

Commander Young. Yes, sir. Of those so far selected up to the present time, actually selected, you have a total of seven pharmacists. That is all up to the present moment.

However, there are 180 applications still waiting in BuPers, to appear before the selection board. I can't tell you how many phar-

macists are in that group.

Mr. Durham. Now, many of these people are pharmaceutical chemists and have many other professions. Are you losing many of those at the present time due to the fact that you can't integrate them into the Regular Navy?

Commander Young. We have until now. Mr. Durham. How many have you lost?

Commander Young. I don't have the exact figures, but I think a rough estimate would be about 125 men that we have lost in the past

year and a half

Mr. Durham. Can you give us any idea as to their length of service? Commander Young. The majority of them had served, I would say, an average of from 6 to 16 years, sir. Of course, some of these people, as you know, are Reserves. that have gone out, because they had to take a job one way or the other, as was mentioned before. Some of them that have gone out were Regular Navy, too. The average length of service will range from 6 to 16 years, sir.

Mr. Durham. What rank did they primarily hold? Are they

warrant officers that you are losing at the present time?

Commander Young. No, sir. All of them had the permanent status of enlisted personnel.

Mr. Durham. Enlisted personnel?

Commander Young. Yes, sir, those who were holding temporary rank during the war.

Mr. Durham. And now they are going out, because of getting the

offers:

Commander Young. They are getting these offers from the other branches of the Government, for one, the Veterans' Administration. To my personal knowledge, 17 men have gone out of the Navy and accepted jobs with the Veterans' Administration, as managers or registrars. Some have gone with the Public Health Service. Some, of course, have gone into civilian life and with civilian organizations.

Mr. Durham. That is the primary reason, of course, why you are

offering them this officer status at the present time?

Commander Young. Yes, sir. Mr. Durham. From the Reserve? Commander Young. Yes, sir.

Mr. Durham. Now, Admiral, I believe in your bill you have written in the educational qualifications, is that right?

Admiral Swanson. Yes.

Commander Young. That is right.

Mr. Durham. Of course, I think the greatest difficulty with your Hospital Corps has been from the point that they have held inadequate rank, with the result that most of them have gone out and left you. You are going to face the same situation that you faced between 1920 and 1938-39, because I know what the conditions were then in the Hospital Corps. I think, myself, the plan of integration over a 5-year period is probably a proper approach to this thing.

Admiral Swanson. That will act as a cushion, that you were

talking about, Mr. Rivers.

Mr. Rivers. Yes.

Mr. Durham. I believe that is all, Madam Chairman.

I would like for you to put that break-down in the record, as to what professional rank these 472 that you plan to transfer into the United States Navy at the present time, are holding.

Mrs. Smith. For the record, Admiral Swanson, what would be the average length of service, educational background, and experience of

enlisted personnel eligible from warrant rank under this bill?

Admiral Swanson. They will all have had a high-school education; they will all have undergone recruit training; they all will have had the elementary Hospital Corps course of 16 weeks, which in peacetime

will be 6 months; they all will have had the advanced course; and then. on top of that, they may have had-oh, yes, we have a school of hospital administration. A very interesting thing about this school is that both Columbia University and Northwestern University, in Chicago, recognize our course out here, and give us 2 years of college training credit for this course, which we give in 1 year.

Mrs. Smith. How many boys do you have there now? Admiral Swanson. Twenty-five at the present time.

Mrs. Smith. In both places?

Admiral Swanson. No.

Commander Young. Just at the one school.

Admiral Swanson. But most of those who will eventually become officers in the Hospital Corps will go through the school.

Mrs. Smith. How long after the attainment of warrant rank will

they be eligible for commissioned rank under this proposal?

Admiral Swanson. The Secretary of the Navy will determine that. We would like to wait, having it over a period of time long enough to observe them to see that they perform their warrant duties properly. I would say the minimum time there would be 6 months before one

would make an evaluation.

Mrs. Smith. Is there any opposition that you know of to the bill as you propose to amend it?

Admiral Swanson. Nothing but support, as far as I can see.

Mrs. Smith. It seems to me that this bill is a step forward.

will relieve the doctors, won't it?

Admiral Swanson. Fifteen percent of a medical officer's time is taken up by such things as sitting on courts martial, courts of inquest, boards of inquiry, and so on. This work can all be done, then, by the Hospital Corps, because it is required by statute that they be commissioned officers in order to do these things, or perform these duties. They all can be done now by the members of the Hospital Corps, enabling the doctors to devote 100 percent of their time to medical pursuits rather than 85 percent of their time now.

Mrs. Smith. Will this cut the number of doctors?

Admiral Swanson. This particular bill will make no difference in

the percentage of doctors.

Mrs. Smith. In other words we will have the same number of doctors but they will be devoting all of their time to their professional duties, won't they?

Admiral Swanson. They will be able to devote 100 percent of their time to purely medical pursuits, excepting the executive officer and the commanding officer, who are doing administrative detail in

the hospital.

A rather interesting sidelight is this: We had a very good doctor who was ordered to sit on a general court martial, up in Philadelphia. He put his resignation in because he had to devote all his time to the court martial.

Mr. Durham. Right on that point, Doctor, at the present time this will relieve the doctors who have had this administrative duty over many years in the medical service in the Navy, isn't that true?

Admiral Swanson. We would not have so much——

Mr. Durham. And it won't relieve all-

Admiral Swanson. It will relieve all but the commanding officer and the executive officer.

Mr. Durham. It will relieve them of their administrative duties. Mr. Rivers. Consequently, it would be a tremendous boost to morale.

Admiral Swanson. I anticipate that.

Mr. Bates. Madam Chairman.

Mrs. Smith. Mr. Bates.

Mr. Bates. Just three very brief questions.

Admiral, you are creating the commissioned grade of medical administrator. What rank will that carry?

Admiral Swanson. We propose, when the bill is read, to strike out

the "grade."

Captain Nunn can tell you, in all the staff corps of the Navy they have grades. That apparently is only because of tradition. We hope, when this bill is enacted, to eliminate the word "grade."

Mrs. Smith. Mr. Bates, will you yield for a question?

Mr. Bates. Yes.

Mrs. Smith. Captain Nunn, please include in the record of this hearing a brief explanation of the difference between grade and rank, the origin and what is proposed in the future.

Captain NUNN. Certainly, Madam Chairman. (The explanation referred to is as follows:)

In the naval service the term "grade" expresses one of the divisions or degrees in the particular department or branch of the service according to which officers therein are classified or graded; and the term "rank." which originally signified that which determines the right to command and is still an inseparable incident to such right, expresses the position of officers of different grades or of the same grade in point of authority, precedence, or the like, of one over another (16 Op. Attey. Gen. 414, 1880).

The distinction between "grade" and "rank" is more clearly apparent with reference to officers of the staff corps of the Navy than to officers of the line, because in the latter case the words used to designate the grade and the rank are

usually the same, while in the former case they are always different (Wood v. U. S. (1879), 15 Ct. Cl. 151).

Thus officers of the line are appointed in the grades and ranks of rear admiral, captain, commander, licutenant commander, licutenant, licutenant (junior grade), and ensign.

The grades and ranks of officers of the staff corps are as indicated below:

Medical Corps: Grade	Rank
Medical director	
Medical inspector	Commander.
Surgeon	
Passed assistant surgeonAssistant surgeon	
Dental Corps:	modername (Jamos Sieco).
	Rear admiral, captain, commander, or lieutenant commander.
Passed assistant dental surgeon	Lieutenant.
Assistant dental surgeon	Lieutenant (junior grade).
Supply Corps:	
Pay director	Rear admiral or captain.
Pay inspector	Commander.
Paymaster	Lieutenant commander.
Passed assistant paymaster	
Assistant paymaster	Lieutenant (junior grade) or ensign.
Chaplains Corps: Chaplain	Rear admiral, captain, commander, lieutenant commander, lieutenant, or lieutenant (junior grade).
	Hodocimito (Jamor Stado).

Civil Engineer Corps:

Rear admiral, captain, commander, or Civil engineer____ lieutenant commander.

Lieutenant, lieutenant (junior grade), Assistant civil engineer____ or ensign.

Mr. Bates. The title of the bill is "To establish the commissioned grade of medical administrator in the Hospital Corps of the Navy, and for other purposes," but there is nothing here—I haven't read the bill—as to what the commissioned grade of the medical administrator would be. Is he going to be an admiral or a captain, or what?

Admiral Swanson. They will be in the rank of ensign to captain.

Mr. Bates. That is the whole Hospital Corps.

Admiral Swanson. That is right, but the senior man would be a captain.

Mr. Bates. I see.

Now, getting back, again, to the expense, where we now have 591 temporary officers on duty and under the provisions of this bill the maximum you could have with the full enlisted strength would be 630, or, in other words, about 39 more than you previously had, would the cost be any more than what it is today? You refer to the cost being \$131,000,000 over and above the cost under the present law, and the present law, of course, puts all the Hospital Corps men back in what we call the warrant and chief warrant grades, and down, but would the cost under this bill actually be any more?

Commander Young. No, sir; not at the present time.

Mr. Bates. Than what the present cost is?

Commander Young. No. sir.

Mr. Bates. I think it is very important to put that in the record. I wish you would elaborate on that because that point has not been touched on.

Commander Young. Under the present law, I mean, under the present temporary law that we are working under now, they are serving in those temporary commissions.

Mr. Bates. Yes, sir.

Commander Young. And actually they are drawing the same pay as they would be drawing where they are holding permanent commissions, so long as these temporary commissions remain in effect, and that is for the duration of the war plus 6 months.

Admiral Swanson. A rather interesting thing: There would be excess cost of the proposed bill over the cost under existing law, that is, if they were to revert to warrant officers and chief warrant officers.

Mr. Bates. That is what you mean by existing law?

Commander Young. Yes, sir.

Mr. Bates. Of course, you have a temporary law which exists.

Commander Young. The excess estimated cost, as indicated on the enclosure, is only the difference between chief warrant and warrant pay and that of commissioned officers' pay, if they revert to their permanent status.

Mr. Bates. What would be the estimated cost?

Commander Young. On the basis of 100,000 enlisted personnel, it would be \$21,868 the first year, and \$29,444 the tenth year, but the actual cost over that 10-year period is \$271,519, based on 100,000 enlisted personnel.

Mr. Bates. Your figures, of course, here say that under the existing law the increase in cost would be \$131,000 the first year, which would increase to \$176,000 after the fifth year, and then remain at that figure. There is an increase per year of \$176,000, after the fifth year.

Now, you say that is under the existing law. You don't mean the

temporary law?

Commander Young. No, sir; that is under the permanent law. Mr. Bates. I think we ought to make that clear in the record.

Having in mind that we now have 591 temporary officers serving in the Hospital Corps and under this bill the maximum officers you could have is 630, what would be the increased cost per year over and above what it now is, not the existing law, but what the cost is now, if this bill is enacted into law?

Commander Young. You remember that it will take 5 years to build it up to the maximum 630, providing there is the appropriation to allow us to do it. We will not have to have any more permanent commissions than we now have temporary commissions, so as a result the

net cost to the Government is nothing.

Mr. Bates. Over and above what it is now.

Commander Young. That is right.

Mr. Bates. That is not in the reading matter of the presentation. Now, one other question, Madam Chairman, and I am through.

In the first part of your statement you make a provision for the commissioning of these men in the Navy who are "graduates of recognized schools granting degrees in sciences allied to medicine other than pharmacy." What are those professions in the sciences allied to medicine?

Admiral Swanson. As we had originally envisioned in this bill, that would include optometry, entomology, bacteriology, and chem-

istry.

However, in accord with the apparent wishes of this committee, we are going to suggest amendments whereby the chemist, entomologist, and bacteriologist would go over to the Medical Associated

Science Corps, so as to better harmonize with the Army bill.

Mr. Bates. Then you go on and say: "Provisions are also included requiring establishment of qualifications for appointment," to other commissions, and then you mention over here, for instance, this Pied Piper for rodent control. You didn't read that, you skipped over that in your presentation.

Commander Young. That rodent control, may I explain-

Mr. Bates. You don't have to explain it to me, because I am thoroughly familiar with the rodent control problem in the Navy. You are not going to get a Piper in here and commission him, are you?

Commander Young. No. sir.

Actually, the rodent control as it now exists is not written into the bill. The rodent control now is actually performed by a Hospital Corps officer, a man who has come up through the ranks.

Mr. Bates. Of course, he is trained in other work.

Commander Young. He was trained at the University of California, having taken the course that is given to the Public Health Service men.

Mr. Bates. Trained just as a rodent-control officer?

Commander Young. No, sir; the training covers sanitation, venereal-disease control, and rodent control, among others, under the course that is given to the men from the Public Health Service who go through the University of California.

Mr. BATES. That is all.

Mr. Durham. Where does your sanitary engineer come in here? Commander Young. We don't have the sanitary engineer, sir. Admiral Swanson. No sanitary engineer will come up in this bill. Mr. Durham. I want to get all these classifications clear.

Admiral Swanson. This bill, with the proposed amendments that we have, will include the enlisted men plus the pharmacists and optometrist.

Mr. Durham. The break-down that you are going to give us there, on these 470 officers, or whatever number you are going to transfer over, will show the professional field of each one, as I understand it.

Admiral Swanson. That is right,

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. Are you finished?

Mr. Durham. Yes.

Mr. RIVERS. It is interesting to me to see the connection of this man that Mr. Bates is talking about, who is virtually your sanitation officer in the Army-isn't he-

Commander Young. Yes.

Mr. RIVERS. The rodent-control fellow.

Admiral Swanson. That is right.

Mr. RIVERS. It is interesting to me to see the connection of this fellow to the control of venereal disease. He has to be so versatile. It looks to me like he has to be a doctor.

Commander Young. It is all given in one course at the University

of California.

Mr. RIVERS. Is that right?

Admiral Swanson. That is right.

Commander Young. The Public Health Service sends their men there, too, to take that course.

Mr. Bates. You don't intend to specifically get a Piper to come in

here and commission him, do you? Commander Young. No, sir.

Admiral Swanson. No, sir.

Mr. Bates. We want to make that part of the record.

Mr. RIVERS. As a matter of fact, you already stated for the record he has to go to the school in California, and take that course, before he can qualify; isn't that right?

Admiral Swanson. No; that is one of the schools that we sometimes

send a certain proportion to.

Commander Young. I might add that this school in California was put in during the war to relieve the strain on the medical officer personnel, because we could not get sufficient or enough doctors, as you know. We had to have someone carry on this particular work.

Mr. RIVERS. Is that the only school that gives that course?

Commander Young. No, sir; some of the same instruction is given at Yale, some at Harvard, New York University, and Columbia University. I don't know how many others. I know those do, because we did have a few go through there.

Mr. RIVERS. I know you tried out this new drug-

Admiral Swanson. 1080. Mr. RIVERS. What is it?

Admiral Swanson. They call it 1080.

Mr. RIVERS. Don't take this, Mr. Reporter.

Mrs. Smith. Off the record, please.

(Discussion off the record.)

Mrs. Smith. On the record, now. Are there any further questions? Is there anyone else here to be heard on H. R. 1631?

Mr. Fischelis. Madam Chairman, I have a statement from Mr. Hansen, the chairman of the American Society of Hospital Pharmacists. It would take about 8 minutes to read.

Mrs. Smith. We need to get to the floor. Do you want to hold it

just a moment?

Mr. Fischelis. All right.

Mrs. Smith. Is there anyone else here to be heard?

Dr. Ezell. Madam Chairman, I have a one-page letter here that I would like to present from the president of our association.

Mrs. Smith. Do you want to read it, do you mean? Dr. Ezell. No; I can just hand it in.

Mrs. Smith. Without objection, it will be included in the record. (The letter is as follows:)

> THE AMERICAN OPTOMETRIC ASSOCIATION, INC., February 20, 1947.

Re H. R. 1361.

Hon. MARGARET CHASE SMITH,

House Office Building, Washington, D. C.

My Dear Mrs. Smith: During the emergency, which is now fortunately drawing of the Navy recognized that it was in the interest of all concerned that optometrists be given a commissioned status. This was accomplished by commissioning them in the Naval Reserve Corps. At present, there is no provision for commissioning optometrists, as such, in the regular Navy.

It has come to my attention that H. R. 1361, to establish a commissioned grade in the Hospital Corps of the Navy has been assigned to the subcommittee of which you are the chairman. It is my understanding that this bill was intended to provide for the commissioning of optometrists in the Regular Navy and that amendments will be offered to expressly authorize the commissioning of persons who are graduates of recognized schools or colleges granting degrees in optometry up to 5 percent, and to specify that the duties of the commissioned personnel in this corps shall include professional as well as administrative and technical duties.

With these changes, the enactment of this bill, in our opinion, will be in the public interest. We both urge the adoption of the amendments and the passage of

the bill as amended.

Faithfully yours,

EDMUND F. RICHARDSON, O. D., President, American Optometric Association.

Mrs. Smith. Are there any other witnesses to be heard on H. R. 1361?

(No response.)

Mrs. Smith. Before we hear Mr. Fischelis, I would like to make an announcement concerning H. R. 1603, which is the next bill to be considered by the committee, and that is to establish a Medical Associated Science Corps in the Medical Department of the Navy, and for other purposes.

It has been suggested that the committee go out to Bethesda and see something of the research that is being carried on. It is the hope of the chairman, and Admiral Swanson's suggestion and wish, that

we go out very soon, perhaps before we discuss this bill. Mr. Reporter, don't take this.

(Discussion off the record.)

Mrs. Smith. We will make tentative plans for Tuesday afternoon, Admiral, and let you know as soon as we know what the program is

to be on the floor.

The Chair received a letter from George H. Frates, Washington representative of the National Association of Retail Druggists, for the record. Is there any objection?

Mr. Frates is here.

Do you want to make a statement?

Mr. Frates. I stand on that.

Mrs. Smith. Without objection, the letter will be included in the record.

(The letter is as follows:)

THE NATIONAL ASSOCIATION OF RETAIL DRUGGISTS, Washington 4, D. C., February 17, 1947.

Mrs. MARGARET CHASE SMITH,

Chairman, Hospitalization, Health (Medical Corp) Subcommittee No. 9, House Office Building, Washington, D. C.

Dear Mrs. Smith: This is to advise that the National Association of Retail Druggists, consisting of a membership of 31,000 independent retail pharmacists throughout the Nation, is in agreement with the Navy legislation now before your committee, identified as H. R. 1361. The bill will provide commissions for eligible pharmacists in the Hospital Corps, in rank from ensign to captain. We think that this is a distinct advantage and will enable the Navy to render a pharmaceutical service to its personnel similar to that enjoyed in civilian life. We solicit your approval of this measure

Respectfully submitted.

GEORGE H. FRATES, Washington Representative.

Mrs. Smith. Mr. Fischelis, we will hear you now.

STATEMENT IN BEHALF OF THE AMERICAN SOCIETY OF HOS-PITAL PHARMACISTS ON H. R. 1361, A BILL TO ESTABLISH THE COMMISSIONED GRADE OF MEDICAL ADMINISTRATOR IN THE HOSPITAL CORPS OF THE NAVY, AND FOR OTHER PUR-POSES, BY H. S. HANSEN, CHAIRMAN, AS MADE BY ROBERT P. FISCHELIS

Mr. Fischelis. I am appearing for Mr. Hansen, who is the president of the American Society of Hospital Pharmacists. Mr. Hansen

is at the Grant Hospital in Chicago.

The American Society of Hospital Pharmacists is composed of upward of 1,000 pharmacists who are in charge of pharmacies and pharmaceutical work in hospitals of the United States. This includes private hospitals, institutional hospitals, public hospitals, and Federal and State hospitals and institutions.

The American Society of Hospital Pharmacists is not represented in the Joint Committee on the Status of Pharmacists in the Government Service. The society is interested in the composition of the Hospital Corps of the Navy because of its deep concern with all

phases of hospital pharmacy.

It is well known that the duties of the Hospital Corps of the Navy include much that is not classifiable as pharmacy. The designations chief pharmacist, chief pharmacist mate, pharmacist's mate, and various subclassifications under this heading are not descriptive of the duties carried out by all of the individuals holding such titles.

We believe the Navy needs men with the same kind of basic training in pharmacy as is required for civilian pharmaceutical duties. We understand, of course, that pharmacists in the Navy may be called upon to do work connected with procurement and disposal of medical supplies, training of personnel, and other duties which are not strictly pharmaceutical. However, we believe there is enough strictly pharmaceutical and related work to be done to warrant the establishment of either a pharmacy corps in the Navy or a pharmacy section

in the Medical Corps or the Hospital Corps.

We strongly believe that the best quality of pharmaceutical service will not be made available to the men in the Navy unless there is supervision of all strictly pharmaceutical activities by commissioned officers who have had basic training in pharmacy as represented by the minimum 4-year college course leading to the degree of bachelor

of science in pharmacy.

II. R. 1361 creates the commissioned grade of medical administrator and provides that the total number of medical administrators shall not exceed 3 percent of the authorized strength of the Hospital Corps. It then provides that not more than 20 percent of the total number of medical administrators authorized shall be persons who are graduates of recognized schools of pharmacy, and not more than 15 percent shall be persons who are graduates of recognized schools or colleges granting degrees in sciences allied to medicine other than pharmacy. It would appear, therefore, that as many as 65 percent of the medical administrators to be appointed need not be graduates of schools of pharmacy or of schools or colleges granting degrees in sciences allied to medicine.

We submit that this produces a situation in which 65 percent of the officers charged with the duty of medical administrators will at all times be persons who have had no college education in pharmacy or in the allied sciences. The number is fixed, because the bill pro-

vides that-

not to exceed 20 per centum shall be from persons who are graduates of recognized schools of pharmacy and not to exceed 15 per centum from persons who are graduates of recognized schools or colleges granting degrees in sciences allied to medicine, other than pharmacy

This is not a situation that will make for progress in the quality

of services to be rendered.

Progress in the sciences underlying the development of drugs and medicines is so rapid in these days, and the drugs which are used are of such intricate composition, that it is not possible for individuals who do not have formal scientific training and a good cultural background to deal with the problems arising in their production, dispensing, storage, standardization, and preservation.

The bill, as written, creates a group within the Hospital Corps in which college-trained individuals are in the minority and subject to the command of persons who have had no formal education in the field covered. This is an anomalous situation at a time when all but three States in the Union have set up, as a minimum requirement for entering the practice of civilian pharmacy, graduation from a 4-year

college course leading to the degree of bachelor of science.

Furthermore, the United States Civil Service Commission has set down as a minimum requirement for admission to any civil-service position involving the practice of pharmacy, graduation from a 4-year course in pharmacy leading to the degree of bachelor of science. The Veterans' Administration Act provides that only pharmacists with such qualifications shall be employed in veterans' hospitals. The Pharmacy Corps of the United States Army provides by law that only graduates of the 4-year course in pharmacy shall be admitted to commissioned rank.

We are not arguing that men in the Hospital Corps of the Navy should not be given the opportunity to rise to commissioned rank if there is an opportunity for them to function as commissioned officers in carrying out duties for which they are properly trained. However the practice of pharmacy has long since passed the stage where men without formal college training can function satisfactorily, and certainly it cannot be expected that such men are in a position to command other officers with the formal training now required of pharma-

Under the circumstances, we therefore strongly urge that this bill be amended so as to segregate the commissioned officers who are graduates of colleges of pharmacy into a corps or section, with a qualified pharmacist who is a college graduate as chief of the corps or section, and that such chief should have direct access to the office of

the Surgeon General of the Navy.

Since hospital pharmacists, who constitute 100 percent of the members of the American Society of Hospital Pharmacists, will be the source of considerable of the personnel of the Hospital Corps of the Navy in case of emergency, and since we believe that it is the objective of the Navy to supply itself with the most competent commissioned personnel, we respectfully submit that the members of this society have a deep interest in this phase of Navy organization.

It is with the interest of the general personnel of the Navy in mind, primarily, that we respectfully call the attention of this committee to the importance of the points we have made. In emergencies the personnel for the commissioned grade of medical administrator will have to come largely from the hospital pharmacists of the United States, and these men should not be limited in their advancement in commissioned grades by the severe and inflexible provisions of this bill with respect to the number that can be commissioned.

Thank you.

Mrs. Smith. Thank you very much, Mr. Fischelis.

Mr. Durham, do you have some questions?

Mr. Durham. I only have one question. You are reading this letter, of course, by request; is that correct? Mr. Fischelis. Yes; for Mr. Hansen.

Mr. Durham. Not that you concur in all of the views of the letter. Mr. Fischelis. I concur in a good deal of what he says, certainly in the matters with respect to the percentage of the corps that will be nonformally trained.

Mr. BATES. Will the gentleman yield?

Mr. Durham. Yes.

Mr. Bates. You believe that the boy who has come in as a hospital corpsman ought not to have the chance to go up through the ranks and by his own effort or desires to improve his condition in life to develop those qualities that would make him eligible for promotion?

Mr. Fischelis. Oh, no; we don't believe that at all. In fact, we state—that is, Mr. Hansen states in his statement here that he is all

for having those men given the opportunity to rise.

Mr. Bates. But you don't believe that they should rise to the same professional level as the men who have had a formal college education? Mr. Fischelis. That is right. We don't believe they are qualified

to do the work which is essentially pharmaceutical work.

Mr. Bates. You listened, of course, to Dr. Swanson, of the Bureau of Medicine and Surgery, here, as to what he has been able to do with men in the Hospital Corps; that is, as far as training them to be commissioned officers. You don't quite agree with him, then, that they

can be as competent?

Mr. Fischelis. I think the significant thing that Admiral Swanson said about that applies to what I am talking about, and that is that these men are trained as technicians. There is a difference between a technician and a person who is basically trained in the sciences that underlie this profession.

Mr. Bates. Of course, according to his testimony, they get more

than the mere technical training.

Admiral Swanson. It is rather interesting to note that of the men we have, 10 are registered pharmacists, 5 are graduates in law, 11 are chemists. 1 is a bacteriologist, and 36 have bachelor commercial science degrees. In addition, 100 of them have taken courses in hospital administration.

Mr. RIVERS. You realize—excuse me; are you finished?

Mr. BATES. That is all right.

Mr. Rivers. You realize, by the same token, when your graduate pharmacist from any of the great schools of the Nation comes into the Navy he has got to go through a lot of training.

All I can see, out of this, is for the committee to decide whether or

not you are to have a separate Pharmacy Corps.

Mr. Fischelis. He has to go through a lot of training, but he can

also teach the Navy a lot.

Admiral Swanson. Another interesting thing, in connection with this law: This group that come up from the enlisted ranks, before they become commissioned officers, will probably be in the neighborhood of 28 to 32 years of age, whereas the chaps that have a bachelor's degree in pharmacy will come in immediately upon graduation, or they could come in. The age differential will be somewhere about a decade.

Mrs. Smith. Admiral, I noticed the Army specified an age of 30

and the Navy specified an age of 32.

Admiral Swanson. That figure was based on the 30 years' service

provision. In other words, our statutory retirement age is 62.

As I was saying, the man that comes in as a graduate of a school of pharmacy has a 10-year jump on this other fellow, which is quite considerable.

Mr. RIVERS. It looks like the difference primarily, Mr. Fischelis, is that your man, the one you are talking about, might have a broader education, with the courses that you take along with the degree, for instance, bachelor of science, that this boy may not be required to have, but that may be overbalanced by an awful lot of practical experience and training that he can't take or get until he comes in the Navy.

There is a difference between the Army and the Navy. In the Navy you have got a self-contained unit. When you are on a submarine you are out on your own, and you can do all kinds of things.

Mr. Fischelis. We are not arguing about the hospital corps men now. We are talking about what the opportunities of the pharmacists are in the Navy and of the strictly pharmaceutical service that the Navy requires.

Now, the Navy certainly can train its men, as far as hospital corps duties are concerned, on board ship, and all that sort of thing, but the strictly pharmaceutical requirements of the Navy—and there are

very many of them-ought to be supplied by people with that back-

ground.

I can cite an experience which I think bears out what I am talking about. During the war we had requirements committees set up by the War Production Board, in which the representatives of civilian pharmacy and Army and Navy pharmacy and others met to decide how to distribute drugs, how to procure them, how to distribute them, how to standardize them, and so on.

Now, Hospital Corps men without formal training would be quite able to represent the Navy in the actual requirements as to numbers, but when it comes to a matter of the standardization and the origin of these products and the substitution of one type of product for another because something is scarce, and all that sort of thing, there you require a basic training, plus the Navy training, of course. A man has to be indoctrinated in the Army or Navy before he can properly serve.

Mr. Durham. As I see it, what you are afraid of is that the training school of the Navy in the Hospital Corps will eventually force out

anybody with a degree from a college.

Mr. Fischelis. That is right.

You only have 20 percent of them. It is absolutely limited.

Mr. Durham. How about the educational requirements? Isn't that going to meet that difficulty somewhat, because we state the educational requirements in here?

Of course, Admiral Swanson has said that these courses have been accepted by some colleges of the country, so far as giving credit on

their degree. Is that true?

Admiral Swanson. They give 2 years' credit for our 1-year course in hospital administration at both Columbia and Northwestern University.

Mr. Bates. Commander, you came up through the grades. You

answer this question, in your own way.

Commander Young. May I read these figures into the record, to show that the Hospital Corps of the Navy does not intend to practice

pharmacy under this proposed legislation?

We have 34 naval hospitals; that is, 33 naval hospitals which it is proposed to keep and one unit, a public health service hospital for the insane, at Fort Worth, Tex. There is one pharmacist assigned to each one of these hospitals, and his duties is to be pharmacy officer, along with such other collateral duties as may be necessary. Six are to go to the Naval Medical Supply Depot, at Brooklyn, N. Y., where all of our drugs are bought and stored. The Joint Army-Navy procurement Office procures for both the Army and the Navy medical supplies, and six are to go there. The Bureau of Medicine and Surgery, Matériel Division, Brooklyn, N. Y., has to do with all medical materiel, and six are to go there.

The U. S. S. Benevolent, U. S. S. Consolation, and U. S. S. Repose, which are the three hospital ships proposed to be retained after the

war, will each have one pharmacist.

The Naval Dispensary at Washington, D. C., will have one. The Bureau of Medicine and Surgery, here in Washington, will have three. On this point, I would like to invite the attention of this committee to the organization of the Navy, under which it is impossible for a Hospital Corps officer to command a registered pharmacist. They are all in the Hospital Corps, but he does not command him. In fact,

the bill states that the Hospital Corps officer cannot command in the line or any other staff corps, and all commands of the Medical Depart-

ment of the Navy are medical officers.

I might add that the personnel office in the Bureau of Medicine and Surgery and in the Bureau of Naval Personnel in Washington is not burdened with operating procedure. Our Bureau is so set up, as is the rest of the Navy, that the operating procedure or the professional services of these people will be supervised under the professional division, which will have a pharmacy officer in it.

The personnel office deals with procurement, promotion, distribution, and discipline of personnel. It has nothing to do with his pro-

fessional services.

That is taken care of in this way: The division who wants a particular individual, for example, with specific qualifications in maybe more than one subject, asks for that particular man, and the personnel office's job is to get that man in that position.

To continue: The Naval Research Institute will have a couple of

pharmacists.

The Naval Medical School will have three pharmacists. There is where a lot of our pharmacy and chemistry technicians are taught.

The United States Naval Academy will have a pharmacist. The Medical Supply Depot at Oakland, Calif., will have four; the Medical Supply Depot at Pearl Harbor will have three; the Medical Supply Depot at Guam will have three; the Naval Medical Center at Guam will have one; the Institute of Tropical Medicine at Guam will have one; the Naval Medical Research Institute at Guam will have one; the First Marine Division, Second Marine Division, Third Marine Brigade, the commander of the Fleet Marine Force of the Atlantic, and also of the Pacific, will each have one. The district medical office of the First, Third, Fifth, Eleventh, Twelfth, Thirteenth, Fifteenth, and Seventeenth Naval Districts will have one each. The Naval Air Station at Patuxent River, where research is carried on quite extensively, will have two. The Naval Air Station at San Juan, Puerto Rico, will have one, and the Naval Air Station at San Diego will have one.

Now, you can see, from the distribution I have given you, that they will have to carry on some collateral duties, in addition to being a

pharmacy officer.

That is as far as we can go, because the other stations do not carry Hospital Corps officers in their complement.

Mrs. Smith. Are there any further questions?

Mr. Rivers. Therefore, your pharmacist has to be a versatile man. You couldn't have a separate set-up, that is, having a pharmacist just doing pharmacy work. Is that what you are trying to say?

Commander Young. That is exactly right, sir.

I might say, on that point, that some of our activities are so small that you just couldn't place a pharmacist in there to do nothing except the practice of pharmacy, because he wouldn't have an hour's work a day.

Mr. RIVERS. That is what Mr. Hansen wants; isn't it?

Mr. Fischelis. But the bill provides for medical administrators. They are all called medical administrators, regardless of what their functions are.

. Now, what we are contending for here is that if there are pharmaceutical duties in the Navy and pharmacists need to be obtained to the extent of 20 percent, according to the bill, there ought to be a pharmacy section, with a pharmacist at the head of it.

Mr. Rivers. How can you do it under the present set-up of the Hospital Corps? There won't be any such rating, under this bill, as

a pharmacist.

Mr. Fischelis. As I understand it, we are not talking about noncommissioned pharmacists now. We are talking only about commissioned officers.

Mr. RIVERS. Well-

Mr. Fischelis. And just as you have a pharmacy section in the Medical Service Corps of the Army, you have it here.

Mr. RIVERS. Well, the people you get it from down the line will certainly be enlisted men, the ones that you are talking about. I am not talking about your graduates. I am talking about the boys who get to be commissioned officers. These 630 will be in this Hospital Corps. You won't get any pharmacists in that group.

Mrs. Smith. Admiral Swanson, isn't the pharmacist in a similar

position as is the nurse?

That is used for other duties besides their own?

Admiral Swanson. I beg your pardon?

Mrs. Smith. You use nurses out in the small hospitals for various duties other than strictly nursing, don't you?

Admiral Swanson. Yes; the nurses will perform other duties.

Mrs. Smith. Just the same as the pharmacists.

Admiral Swanson. In very small places.

Mrs. Smith. Yes. Mr. Rivers. You think, under the Navy set-up, Doctor —I won't burden you with my rambling thoughts -they can operate by having a separate pharmacy section? Mr. Fischelis. Yes.

Mr. RIVERS. And do the same thing—

Mr. Fischelis. As I understand it, they are not engaging pharmacists to do this Hospital Corps work. They train their own men for

What they are bringing into the Navy to do pharmaceutical work are trained pharmacists who have had their basic college training and who then apply themselves to pharmaceutical duties in the Navy. Therefore, they should have a separate set-up.

Mr. RIVERS. In addition to doing that work, they impose this other

work on them, by way of indoctrination.

Mr. Fischelis. As I understand it, they have got 80 percent of the Hospital Corps who do that. Only 20 percent are going to be these college graduates in pharmacy.

Mr. Rivers. So the committee will have to decide whether they are

going to set up a separate pharmacy section.

Mr. Fischelis. That is right.

Mr. Rivers. And you train your other boys to do something else.

Mr. Fischelis. We think that is the way it ought to be.

Admiral Swanson. Madam Chairman, let us be very practical. The Navy, perhaps, in the future might be smaller. It is conceivable that it will be smaller than its present authorized strength. Should the appropriated strength get us down, say, to the prewar standards of 1938 or 1939, under this proposed bill we would have a maximum number of 25 pharmacists. That is why we don't want, in a small organization, to have a separate section.

Mr. Fischelis. May I ask a question?

Mrs. Smith. Yes.

Mr. Fischelis. Would there be any objection to having one of those pharmacists of the 25 designated as the chief, who would have access to the Surgeon General and would have opportunity to advise him on pharmaceutical affairs?

Mrs. Smith. Admiral Swanson?

Admiral Swanson. We would have no objection, but they would all

have open entry, with our present organization.

I would not want to have 1 man employed just to supervise 25 other men. I don't think there would be enough work in their bureau.

Commander Young will present our organization, so you can see where there will be proper representation.

Mrs. Smith. May we have this for the record?

Commander Young. Yes.

Mr. Bates. Madam Chairman, it is getting pretty late. We have to go over to the House.

Mrs. Smith. Yes, we have to adjourn.

Are there any further questions of either the doctor or the admiral? Commander Young. On this chart, I want to show you here that we do not have any separate sections.

(The chart referred to is on file with the committee.)

Commander Young. We do not have heads of any of these corps, nor appoint them, in the United States Navy. In the United States Navy the only head of any organization that is appointed is the Surgeon General or the Chief of the Bureau, and he in turn orders such personnel as he sees fit to administer it while he is Chief of the Bureau.

That goes for all the chiefs of bureaus.

Mr. RIVERS. Who is your present Assistant Chief of the Bureau? Commander Young. The Assistant Chief of the Bureau is Admiral Pugh.

Mr. RIVERS. Whose place did he take? Commander Young. Admiral Agnew's.

Mr. RIVERS. He used to be a four-striper Admiral.

Commander Young. Yes, sir.

Mrs. Smith. Are there any further questions of Commander Young, Admiral Swanson, or Mr. Fischelis?

(No response.)

Mrs. Smith. Is there any objection to including this chart in the

record? Without objection, we will include this in the record.

Is there anyone else to be heard on H. R. 1361? If not, the committee will adjourn, to the call of the Chair—probably Wednesday morning when the committee will hear witnesses on H. R. 1603, Medical Associated Services Corps, after which we will start reading the three bills H. R. 1982, H. R. 1361, and H. R. 1603.

The committee is adjourned.

House of Representatives. COMMITTEE ON ARMED SERVICES, SUBCOMMITTEE No. 9, HOSPITALIZATION, AND HEALTH (MEDICAL CORPS), Thursday, March 6, 1947.

The subcommittee met at 10 a.m., Hon. Margaret Chase Smith,

chairman, presiding.

The Chairman. The committee will come to order and we will hear General Kirk on H. R. 1982.

General Kirk.

STATEMENT OF MAJ. GEN. NORMAN T. KIRK, SURGEON GENERAL

Mrs. Smith. General, do you have any statement to make in

addition to that which you have already made on the bill?

General Kirk. I believe not, Madam Chairman. I think we might, if we are to read the bill, go along and discuss any modifications that have been suggested.

Mrs. Smith. You made a very complete statement on February 20 on this very bill, but there are some questions that I didn't ask

and which I would like to ask at this time, if you please.

To begin with, H. R. 1982, establishes a Medical Service Corps and includes three specific sections, the Pharmacy Section, the Allied Science Section, and the Optometry Section.

General Kirk. Yes, ma'am.

Mrs. Smith. Now, I note by the record that H. R. 3755 of last year was somewhat similar to this and was passed by the Senate and House and vetoed by the President. What was given as the reason for vetoing it?

General Kirk. That was the bill, Madam Chairman, that set up

the Optometry Corps?

Mrs. Smith. I think it was.

General Kirk. Yes. Well, at that time we felt that we should have some corps in the Medical Department to do specific jobs. There had been passed, as you remember, the Pharmacy Corps bill This was another bill that set up a limited specialized group of optometrists and there was still another bill pending in the House and Senate to set up another corps of people that had to do with the treating of ills and it was our feeling, and we so recommended when the bill was before you for hearing, that this legislation not be passed. It was stated that we were planning a Medical Service Corps bill and the optometrists would be considered when that bill was presented to the Congress.

Mrs. Smith. Does this present bill meet the needs as completely

as the previous bill did?

General Kirk. We feel so, yes.

Mrs. Smith. And do you think it will bring about more efficiency? General Kirk. We do. We believe we can use the optometrists to assist the ophthalmologist in that they can take a certain amount of work off of his shoulders in fitting glasses and refraction. Their job really is one of refraction.

Mrs. Smith. What about the cost of the bill if enacted?

General Kirk. It will not increase any costs. The Congress has authorized the Army to have 50,000 officers and this is a spread of

that 50,000. A certain number will be used in this Medical Service Corps, which will be included in the 50,000.

Mrs. Smith. Will there be any additional administrative cost? General Kirk. No. I think there will be less than if we had two

or three corps.

Mrs. Smith. So it will be both more efficient and more economical? General Kirk. Much.

Mrs. Smith. Will you tell us again the strength of the Corps, please? General Kirk. Of the Medical Service Corps?

Mrs. SMITH. Yes.

General Kirk. The strength will be fixed by the Secretary of War. Our planning figure is that it will represent three per thousand strength of the total Army.

Mrs. Smith. Now, if I understand it correctly, you are simply making a transfer of men the only real change being the name of it;

is that right?

General Kirk. That is more or less correct. Of course, there is no corps at the moment that contains commissioned optometrists. Of the other officers that will be transferred, some have been commissioned in the Regular Army Pharmacy Corps, others have had temporary commissions during the war, in the various reserve corps, as MAC and Sanitary Corps.

Mr. DURHAM. You do have optometrists at the present time?

will only be a matter of transfer?

General Kirk. There are no commissioned optometrists as such that I know of in the Army now.

There are no optometrists. We have no commissioned optometrists

at the moment in the Army. Mr. Durham. You have none? General Kirk. No, sir.

Mrs. Smith. Won't that mean an additional expense then?

General KIRK. No. They will be included in that 50,000 officers Mrs. Smith. What would happen, General, if the bill is not ap-

proved?

General Kirk. Well, we will have about 600 officers that we have integrated, that we propose to put in this corps. We have authority under the present statute to have 75 officers in the Pharmacy Corps. Those some 600 officers are presently commissioned in the Pharmacy Corps. I don't know where we will place them if this bill isn't passed. There is no authorization in the permanent corps to place them.

Mrs. Smith. Then you actually need the law to carry on the work

of the Medical Department?

General Kirk. We need it very badly, Madam Chairman. Mrs. Smith. Where do you have your X-ray technicians?

General Kirk. X-ray technicians are enlisted men that have been trained in the Army or as civilians that are hired as X-ray technicians. During the war the Army trained 120,000 technician soldiers and some 8,000 Wacs. Those technicians included X-ray technicians, laboratory technicians, dental technicians, surgical and medical and other technicians, and those enlisted groups were used for the job in which they had been trained—either in the grade of private or on up through noncommissioned officer grades.

Mrs. Smith. What chance has the enlisted man for promotion to

the status of a commissioned officer in this corps?

General Kirk. In the future? Mrs. Smith. In the future.

General Kirk. He will have to have the equivalent of a college education to meet the requirements for commission in any branch of this Corps.

Mrs. Smith. Then he will have to be taken in directly as a commis-

sioned officer?

General Kirk. That is correct. If there is an enlisted man that meets those requirements he can apply the same as any other man

for commission in the Corps.

Mrs. Smith. The integration will take care of all of the men who have given the service that you have needed and that you will need in the future in the present set-up; is that true?

General Kirk. That is correct, Madam Chairman.

Mrs. Smith. It is said that you are grouping both technical and

nontechnical personnel. What effect does that have?

General Kirk. There has been some objection to the Medical Service Corps because we have in there the administrative group in one section, technical people in the Allied Science group in another, and optometrists in the third, and any other sections that the Secretary of War may see fit to set up as we may need them according to the requirements of the Medical Department to protect the health of the Army and give care to it, in whatever warfare we go into, whether atomic or otherwise.

The complexion of the Corps may change in the future as to our needs. The objection there that they are grouped into a corps with sections some of whom are administrative and others technical doesn't seem to me to be sound. I might cite as an example, the Medical Corps of the Army which has been operating for one hundred and

seventy-odd years.

That is composed of doctors. When the doctor comes in he is just a doctor, he has just finished an interneship. Many men in that corps become specialists. They become surgeons, they become internists, they become pathologists, they become orthopedic surgeons; many

other specialities.

Now, then, each one of those men is known by this specialty and given a certain military occupational specialty number so that he can be properly assigned to the job that he is specialized in. I am sure we wouldn't take a pathologist, who operates on the dead, let's say, and studies the results of disease, and put him in as a Chief of Surgery of a general hospital. Nor would we take a surgeon and make him a pathologist. Or take an administrator who has been in the field, who has been an Army surgeon, and put him in as Chief of Surgery.

So in this Medical Service Corps each man is in a section and has a military occupational specialty number. There is no more reason to think that the sanitary engineer would not be used on that job, but would be put in as an Administrator, or that the Administrator would be meant to do the job of the sanitary engineer. The business of run-

ning a Medical Department of the Army is a complex one.

Many new developments have happened in the last 25 years and the Surgeon General and his staff must have expert advice on these various specialties. That is why we need these people. We need them in a corps where we can properly administer it and we know what each individual in that corps can do, what his ability is, and we

propose to take these administrators and these sanitary engineers, and entomologists, when they graduate from the schools, with their degree, then we will train them in the Army, so that they will improve in their

specialty the same as we dowith the doctors.

When a boy graduates from West Point and comes into the Army as a second lieutenant, he isn't an engineer, for instance. He is sent by the Army to school for 2 or 3 years to get an engineering education. After all, the Army is a big school; it trains its officers continually. So it will be with these men that come into these various sections.

Particularly the chemist, the serologist, the sanitary engineer, the entomologist—they will not only be trained on the job and in our various positions in the Army, but will be sent to civilian schools so

that they can improve in their specialty.

Mrs. Smith. It seems that today everybody is a specialist, and if you commissioned every group as a special corps you would have a

good many corps, would you not?
General Kirk. Yes; we would have a dozen in the Medical Department, and how many they would have in the line, I have no idea. would hate to have to enumerate what the line of the Army has to have in the way of specialists. The Army today is a group of specialists, and it is the plan of the War Department that they all be in one group with a certain number trained in this specialty and so assigned.

They don't have to be in a particular corps to be assigned to the

job that they know how to do.

Mrs. Smith. General, what provisions are there for filling vacancies

in this new corps?

General Kirk. Initially around 75 percent will be filled by integration of officers who have served in the war and have made an excellent record, both from an educational standpoint and from the job they did. In the future, the men that will enter the corps will enter as second lieutenants and as graduates of schools of pharmacy and other allied sciences akin to medicine.

They will be college graduates. They will have to have a degree from a school that is acceptable to the Surgeon General—and the Surgeon General bases his acceptance of the school on the civilian governing groups of that particular scientific endeavor—and then that individual will have to pass an examination to show that he is proficient, both mentally and physically, as well as morally, to become commissioned in any of these branches.

Mrs. Smith. One comment has been that the bill is discriminatory in regard to promotion. What have you to say on that, General?

General Kirk. I don't believe that is quite fair, Madam Chairman. The promotion scheme that will be presented to this committee by the War Department brings in everybody as a second lieutenant. The West Point graduates and those who come from civilian life are promoted to the various grades. In that bill you will see that certain years of credit are given to doctors because it takes him at least 4 to 5 years longer to get his education than it does the man that graduates from West Point. You will also see that there are certain other professional groups—the lawyer, the dentist—who are also given a credit according to their educational requirements for entry and for commission.

So that in the end it evens off. They will all be in the same age group. The average youngster of the line that is integrated, that comes into the Army, is of the average age of around 24½. The average doctor has an average age of 28 years, because it takes him that much longer in his educational requirements. So the doctor, if it takes him 4 more years of college than it does the man who graduates from West Point, is given credit for that 4 years. They will be the same age as they advance up the various ladders of promotion. So under this bill everybody will be promoted exactly as every other officer in the Army.

Mrs. Smith. There is no difference between this and the other?

General Kirk. Not a bit, Madam Chairman.

Mrs. Smith. It has been suggested that if the Sanitary Corps is not to be set up as a special corps that the sanitary engineers and the entomologists be included in the Corps of Engineers. What would

the effect of that be?

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General Kirk. Well, they would be out from underneath the control of the Surgeon General; and I wouldn't know how the ento nologists would fit in with the engineers that do our construction. The sanitary engineer's basic education is the same as that of the engineer of the line. Actually in this corps he is coming in on the same ground as the man that becomes an engineer of the Army. He comes in after his B. S. in engineering as a second lieutenant in the Army. The engineer of the Army comes in likewise as a second lieutenant. That young engineer then of the line or of the Engineer Corps is sent to a school at Government expense. So with the sanitary engineer or the young engineer with a B. S. that comes into the Allied Science Section of the Medical Service Corps, he would likewise be sent to

school to improve his knowledge in sanitary engineering.

The engineer of the line is set up to build, and he forgets about the small things sometimes that have to do with health when he is building. That was very definitely demonstrated in the construction of the Panama Canal. The Spanish for many years tried to build the Panama Canal. They failed because of death from the disease of vellow fever, and malaria. It wasn't until Gorgas went down there as the sanitary engineer when America took over the job that it was possible to build the Canal. He had difficulties then getting across the things he needed from a sanitary engineering standpoint in comparison to what the engineer had to do in building the Canal. Too often it was thought that he was wasting Government money developing the things that he felt were necessary to protect health, and he had a very difficult time, but it was only by doing those things that a sanitary engineer saw it was necessary to do that it was possible to build the Panama Canal and to have people live there today. So really the training and the job the sanitary engineer has to do is quite different and supplements that of the construction engineer.

Mrs. Smith. Then to give the service that is needed these men must

be attached to the Medical Department?

General Kirk. I am sure they belong with the Medical Department if they are going to assist in health. That is the Surgeon General's job, to protect the health of the Army, and not the job of the Chief of Engineers. He has certain other commitments that the Congress has given him, in building inland waterways, construction in the Army, and certain other supply factors that have to do with construction and machines to carry out that purpose. The Surgeon General is

charged with the health of the Army and the prevention of disease, and we need the sanitary engineer as part of our team.

Mrs. Smith. Thank you.

Mr. Durham.

Mr. Durham, General Kirk, any of this group in this Medical Service Corps might be used for research work?

General Kirk. Yes, sir.

Mr. Durham. In the Medical Allied Science Section, the thing that disturbs me is the fact that we may not be able to get people in there. We all recognize that the scientists are a group of people more or less to themselves. Is there the incentive in the thing so that they will come in? I just don't see where we are going to get the services of Not that I have any objection to what you have set up. I am disturbed about the fact that we have established these laboratories and it won't be worth anything unless we can place these men in

positions where they can get some results.

General Kirk. We are integrating quite a few of those people right now into this Allied Science Section of this Corps that served with us during the war. There are others that we will have as civilian employees. For instance, if we want a man to carry on a certain bit of research that is to continue for a short period we will let a contract to some civilian school, but if we are going to carry it on for a long term, we will find a man as we did during the war, with 10 or 15 years' experience and hire him as a civilian employee, and put him in the laboratory for the continuation of the research.

There are certain laws in the Army which require an officer to

change his station every 4 years.

Mr. DURHAM. I understand all that. But you will have to hire this man at a higher salary?

General Kirk. Yes, sir. Mr. Durham. You know what friction that has always caused.

General Kirk. I don't think, sir, that has caused too much friction in our laboratories. We have had them working together for 20 years. I am sure we will always have to depend on the civilian group to come in. We hope we will get in young men that we can train and advance to continue this research. We are planning to do that at the Army Medical Center, with the Institute of Pathology, with the air research that has to do with flying that has been carried on in Ohio, and likewise in the research laboratory at Fort Knox. instance, the development of the tank to the point where a man could live and fight in a tank.

Actually, the medical research done there improved the sights of the tank and improved the efficiency of the tank about 100 percent in engineering design. We propose to continue that work, that research, in peace. The group in our office that has to do with research have been consulted on our plan and are in accord. As to whether or not we can get youngsters to come in at the pay we are going to

pay them after they get their BS degree, I don't know, sir.

Mr. DURHAM. These are the groups you are going to have to

depend on basically. It is built around them.

General Kirk. Yes, sir. There will be a lot of pharmacists in this pharmacy group that we expect we will use in research, too.

Mr. Durham. That is all. The CHAIRMAN. Mr. Bates. Mr. Bates. General, I think you mentioned something about no optometrists at the present time being commissioned.

General Kirk. That is correct. There may be one or two.

Mr. Bates. You mentioned something about 600 officers presently integrated, that you would not know what to do with them in case this didn't go through. In what classification are they?

General Kirk. They fall into all classifications on that chart except

the optometrists, sir.

Mr. Bates. In other words, you have a corps of officers at the present time that are serving in sort of a medical-science set-up; is

General Kirk. Yes, sir. Have been in the Reserve Sanitary Corps. As far as this section is concerned we had 2,800 of them during the war. Mr. Bates. I presume a certain percentage are pharmacists.

General Kirk. Not in this medical allied science. We have integrated pharmacists in this 600, quite a few pharmacists, but they will go in the Pharmacy Administrative Section.

Mr. Bates. Are they serving in a temporary capacity without any

authority of permanent law, those 600?

General Kirk. No; they are operating now as officers of the Army of the United States on temporary commission. With the Integration Act that was passed by Congress, we were authorized to integrate them into the Regular Army. As a vehicle into which to place them, we placed them into the Pharmacy Corps, which was a statute corps, but which has a limited number, according to the law, of 72 officers. But they were integrated as a vehicle until this legislation was passed so that we could transfer them from that corps into this Medical Service Corps.

Mr. Bates. Now, you are going to offer an amendment that the Chief of the Section be a graduate of an approved school of pharmacy. Suppose you have a man in the service today that has come up through the ranks, has acquired a college education, is an outstanding pharmacist, from a military viewpoint meets all the requirements. that type of man be barred from being selected as Chief of the Bureau?

General Kirk. I don't think so. We have written in a compromise here at the request of the pharmacists that the Chief of the Section be a pharmacist. If that man were a graduate pharmacist, whether he got his education in the Army or civil life. I can't see that it would make any difference.

Mr. Bates. You have commissioned pharmacists today?

General Kirk. Yes.

Mr. Bates. And you have some, I presume, with many years of experience. What is the highest rank that you think of offhand?

General Kirk. Right now, the highest rank that any pharmacists

holds today?

Mr. Bates. Yes.

General Kirk. Of those that are being integrated, nobody is being integrated above the permanent grade of major.

Mr. Bates. Well, what is the highest temporary rank you have to-

day in pharmacists?

General Kirk. There is one full colonel that is a pharmacist.

Mr. Bates. Would you say he is not a graduate of an accredited

General Kirk. Let me get a little more information, please, because I am not too familiar.

Colonel Kintz. The highest grade held by a pharmacist is a temporary lieutenant colonel.

Mr. Bates. Temporary lieutenant colonel?

Colonel Kintz. We have one full colonel, but he is not a pharmacist. Mr. Bates. The temporary lieutenant colonel, is he a graduate of an accredited school?

Colonel Kintz. Yes. Mr. Durham. That is the law. It couldn't be otherwise.

General Kirk. If that was a permanent grade of the pharmacy

Mr. Bates. Speaking of a man who has come up through the ranks. who has reached, say, the rank of major or lieutenant colonel, or colonel, as a pharmacist, and that rank were given to him entirely on the basis of efficiency in that particular classification have you any of those high-ranking men now in the Army who are not graduates of what we call an approved school of pharmacy?

General Kirk. Yes, sir.

Mr. Bates. Why should that man, that you have thought so well of as to promote him to a high rank, because of his own initiative and ability and his willingness to apply himself to the particular work, why disqualify him by such an amendment?

General Kirk. That was done at the request of the pharmacy

group of America.

Colonel KINTZ. May I speak on that?

Mr. Bates. Yes.

Colonel KINTZ. The bill states that the Chief of the Pharmacy Section will be a pharmacist, but the bill does not state that the Chief of the Medical Service Corps will be a pharmacist. These people that you are speaking of have the opportunity of being selected to be Chief of the Medical Service Corps and they are not discriminated against because they do have the opportunity for being selected as Chief of the corps.

Mr. Bates. Yes; that is one position out of how many in the corps?

How many in the Medical Service Corps? General Kirk. You mean in this corps?

Mr. Bates. Yes, that you are speaking about.

General Kirk. For planning figures, I would say it will consist of 1,000 officers. That will be determined by the Secretary of War. Mr. Bates. This one man has one chance in a thousand of getting

up to the head of that corps?

General Kirk. It is not that slim, quite.

Mr. Bates. It is one position that he can qualify in.

General KIRK. That is right.

Mr. Bates. The Chief of the Pharmacy Section. Do you have any men in the service today with higher rank, of, say, major, lieutenant colonel, or colonel, who in your opinion, though he may not be a graduate of an approved school, is qualified to head the Section?

General Kirk. We might well have. The question of the heading of this Section was determined on the basis of the request of the

civilian pharmacy group that he be a graduate of pharmacy.

· Mr. Bates. I suppose you got requests from almost every other group in the country.

General Kirk. Yes.

Mr. Bates. That is not a reason you should subscribe to it. Why should we discriminate against a man with 20 years of experience in the field of pharmacy and say to him because he is not a graduate of a school, while we think you have all the qualifications we feel are necessary, because Congress wrote this into the law you are prohibited from being Chief of that Section. I am not in favor of that.

General Kirk. The reason was—our original bill wasn't written

way—this is a compromise.

Mr. Bates. I understand their point of view, too, General, but I think the men in the service have some rights.

General Kirk. Yes, sir.

Mr. Bates. I think that the thing we have got to consider is the other elements of education which the boy who graduated from the school of pharmacy doesn't have. That is in the field of experience. In the jungles, in the mountains, in the battle lines all over the world, where these men have been out there with the troops and from that long experience are trained to a point where they are the most efficient men anywhere in the world, even though they haven't the so-called technical book training.

I am not easting reflection, but in your opinion, as Surgeon General, what do you think about it? You say there are men now serving as pharmacists, in high-ranking positions, in the position of major, who in every respect are qualified to meet the requirements to head that Section. It doesn't seem to me that those men should be denied the right to go ahead and occupy that position. I certainly am not in

favor of such an amendment.

That is all, Madam Chairman.

Mrs. Smith. Mr. Durham?

Mr. Durham. Following up Mr. Bates' line of questioning, I think you have got to recognize, of course, that a man doesn't receive the same type of training in the Army as a pathologist or a bacteriologist

or a biochemist that he receives in the colleges.

General Kirk. They all have that training before they come to us. When they get in the Army, why, they get to be just as good as most of them do. We are just a small group competing against these training schools. The pathologist that ran our institute is recognized as the leading pathologist in America.

Mr. Durham. At the present time how many colleges grant you

credit for the work that you do?

General Kirk. How many colleges? Mr. Durham. In other words—

General Kirk. Practically all the American boards will give us credit for the training we are presently giving doctors, to be certified by their boards. We have many pathologists today that are certified.

Mr. Durham. I know your type of training is good. Of course, I don't recognize the fact yet that the services do the same type of training that Harvard or Yale or some other school of medicine does.

General Kirk. Well, that is true. Until this war we never had funds set up whereby we could send any except a very limited number of our doctors to civilian institutions for graduate training. They have set up since the war residency training in the general hospitals. We have consultants from civil life to assist us in that training. That is for all the specialists, including the pathologists. I am not a bit ashamed of the medical service given to our sick in our hospitals before this war. It was above the average given country-wide. I don't say that it was better than that at Hopkins or Harvard, but it

was far superior to the average medical care that a patient got generally

throughout the country.

Mr. Durham. I agree with you on that, of course. At the present time, of course, you as Surgeon General of the Army believe in educational requirements?

General Kirk. Yes, sir. Mr. Durham. That is all.

General Kirk. If we have the funds, these people will be educated so you will not be ashamed of them when we have them in our corps.

Mr. Bates. As to the educational requirements, I have no thought in mind that the man who aspired to that position and now holds the rank of major, lieutenant colonel, or colonel, as a pharmacist in the Army of the United States, is a man who has received no formal education. I presume before he reached those heights that he must have had some qualifications, technical and otherwise, acquired through experience and the burning of the midnight oil, so to speak, and in that way acquired the technical training without the necessity of going to a graduate school. I presume that type of man that you have appointed to those high positions has all that technical background. Is that not so?

General Kiek. They have the technical background for which we are using them in that corps. The man of which you speak might not be the man that I would want to consult as a specialist in pharmacy. I might take some other fellow other than the one set up as the head of the Section if I knew he was a better trained pharmacist.

That is an administrative position.

Mr. Bates. I am speaking now of the head of the Section.

General Kirk. Well, the head of the Section, I will make the same state nent regarding him, if I wanted information concerning pharmacy only I would find out the best pharmacist we have, the best-informed pharmacist, whether a captain, lieutenant, or major, to get my information, regardless of the position he held and the time he has been in the corps.

The Pharmacy Section has many things to do other than straight pharmacy. We are expecting him to be our administrator on procure vent of supplies, on warehousing, on the supply offices and

hospitals -using him as adjutant and executive officer.

Mr. Bates. All of which are extremely important functions?

General Kirk. Yes, sir.

Mr. Bates. Now, then, of course a man may be an outstanding administrative officer, and yet he may not be a graduate of an approved school of pharmacy?

General Kirk. Yes, sir.

Mr. Bates. A man may be a graduate of an approved school of pharmacy and be a very poor administrative officer?

General Kirk. No question about that.

Mr. Bates. I think there ought to be some flexibility of action in the appointing power. It seems to me that those functions are highly important. I think administrative ability is one of the outstanding requirements in the Army of the United States. If he has pharmacy training along with that, and I presume he has if he is appointed to head that Section, there ought to be some flexibility. The thought I have is that we are denying the man the right, the man with high rank, acquired as a result of his knowledge of pharmacy, we are denying him

because he is not a graduate of an approved school, denying him the right to be the head of that Section, when you may be compelled to take a boy that has only been out of school, say, for 8 years and worked in a drug store somewhere, and who joined the service because of his liking for it. He is the only one you have in that section that is a graduate of an approved school. Under this law you would be compelled to appoint him even though you don't think he is the best

person for the job.

General Kirk. You have heard what the pharmacy group had to say to this committee. You have heard our presenttaion here. If it is the pleasure of this committee that we not appoint the Chief of this Pharmacy Section—I mean, the requirement for his appointment, that he be a graduate of pharmacy, or as to the requirements for the chiefs of any other sections—if you choose to leave that to the administrative power of the Surgeon General, we will be glad to accept that responsibility.

Mr. BATES. That is what you really want? That is the way you

would like to see it?

General Kirk. That is the way we had the bill written originally. Mr. Bates. Is that how you would like to see it go through?

General Kirk. We have the civilian pharmacy group that felt that they weren't getting what they were entitled to as a part of this Medical Service Corps, that they had a corps of their own, and we felt administratively and otherwise that to make one corps rather than a half dozen corps was much better legislation, that is the manner in which it was worked out, and we have told the pharmacy group that we would present to this committee this bill with the provision that the Chief of this Section of Pharmacy would be a graduate of pharmacy.

Mr. Bates. Now, also in this corps you are going to have an Optom-

etry Section?

General Kirk. Yes.

Mr. Bates. Are you going to have the Chief of that Section also—at least in the law—a graduate of an approved school of optometry; is that in the law?

General Kirk. It isn't in the law.

Mr. Bates. Why shouldn't it apply too?

General Kirk. I take it, it should if we are writing a proper law. Mr. Bates. Throughout the war we had—I wouldn't call them pressure groups, because everybody has a right to come here and give reasons to us as to why certain legislation ought to be enacted into law—but we have had groups come down in respect to the commission of certain types of officers within the Army and Navy, in the so-called medical allied sciences of every description. Many were, in the later days, were given temporary commissions.

The optometrists were not recognized, they have not up to now been

recognized by the Army?

General Kirk. Not in commission grade, unless they went through officer school and became officers. That is where we got 18,000.

Mr. Bates. Why should not a boy, for instance, of 4 years of optometry training, in an approved school of optometry, be on the same level with the boy who goes to a school of pharmacy for 4 years? Where are you going to draw the line? Here you are singling out one section. You say he can be Chief of the Section only if he is a graduate of an approved school, but you don't say that in optometry.

Mr. Durham. There is just one in that group, in optometry.

Mr. Bates. I am talking about the amendment. Mr. Durham. I am talking about the optometrist.

Mr. Bates. He might have received his training in, as many have, in an optometry school that has not had up to recent years a 4-year course of study.

General Kirk. He wouldn't be in there, sir, unless he had the 4

Mr. Bates. He is already in the service.

General Kirk. Not as an officer.

Mr. Bates. As an enlisted man. But he may have had experience back home as an optometrist with 2 years of schooling. I know many students who went for 2 years to an optometry school in my State, some years ago, and who are now working at that particular profession, and down through the years they have continued to work at it. There may be throughout the country a number of those boys who have joined the Army.

General Kirk. They can't do it in a commissioned grade—if they haven't been commissioned during the war. To get into this corps

as a commissioned officer he has to have 4 years.

Mr. Bates. That is only because he hasn't had any experience in

the Army.

General Kirk. No; it is unfortunate if he didn't have a commis-The same is true of a pharmacist that was in as an enlisted He is out, too.

Mr. Bates. Not the boys that are already in. They are already

acting in a temporary position.

General Kirk. Yes, sir. Mr. BATES. That is all.

General Kirk. It makes it much more flexible if none of these were written into law, but we had to bring a bill up that was agreeable to to the people we wanted to work with. That is why we presented it to you.

Mrs. Smith. Any other questions?

(No response.)
Mrs. Smith. Thank you, General Kirk, for your very fine state-

ment, and helpful answers to our questions.

General Kirk. There is one other factor, I would like to bring out if I might, while I am still here, that wasn't mentioned in regard to these corps. We have talked rather loosely here of planning figures of the strength of each of these sections—which was also a request of the groups that we are working with. I might say that if that is written into the bill it will be the only group of officers in the Army for which it is written in. The War Department desires to make these things flexible so that they can change from time to time the requirements depending upon what the mission is that the Medical Department has to do. If we write in here that we are going to have a pharmacy section that is 60 percent of the corps, the medical allied science, 38, optometrists something else, those are planning figures, they are better not in the bill, and it is better from the War Department's standpoint that we not introduce the factor of how many pharmacists will be in the Pharmacists Section eventually.

We have certain plans that go along with the figures that have been stated, but it is the War Department's policy that no figures be stated

in any corps, so that we are not limited by them.

Again I say certain figures have been introduced, at the request of those groups that we want to assist us in the service and to be a part of us. They have been introduced at their request.

Mrs. Smith. You feel that is a matter of administration?

General Kirk. It is, but, on the other hand, these groups feel that if it is left to administration it won't happen the way it is planned at the moment.

Mr. Durham. General Kirk, you are not suggesting that the

requirements be changed?

General Kirk. There is no question of the requirements. I am talking about the percentage. No man, as far as we are concerned, will ever get in any of those branches after integration that isn't a graduate of a recognized school. I don't want that changed at any time.

Mr. Durham. I misunderstood your statement, then. General Kirk. No. sir. Not for a moment, sir.

Mrs. Smith. You feel that the matter of the percentages of the different groups should be left to the administration of the law rather

than be written in the law?

General Kirk. That is correct. That was the thought of the War Department, and I have to go along with them, and I believe in them—after all, they are my boss—and I am in accord with them personally.

As I say, there were modifications, so that we could have a team, and present a bill here that is needed by the Medical Department,

and needed badly.

Mr. Durham. I think a section as important to the Army and to the Navy as yours, the Medical Department, especially, should have more authority than it has today, General Kirk.

General Kirk. Thank you.

Mr. DURHAM. I don't know whether you agree with me or not, but I think it has been treated like a stepchild.

Mrs. Smith. Are there any further questions?

Mr. Bates. Let me ask this question. The minimum requirements will be 4 years' college, and there is an amendment suggested whereby a minimum of 30 percent will be graduates from an approved school of pharmacy. That is to give some latitude for the boys, 70 percent, say, in the service, who would like to go up into commissioned grades?

General Kirk. No. There will be nobody going into this corps—that are not college graduates after the integration. After the last war we had legislation and set up a Medical Administrative Corps made up of men selected from the ranks to fill those grades. It was a failure. And we feel that anybody coming into this corps after this integration is completed should be college graduates. We want to raise the standards of the corps morally and educationally, and otherwise. Every other branch of the Army, practically, requires that, and we think we should have the same in any corps that supports the Medical Department.

Mr. Bates. You say you have 600 temporary officers today in this

corps?

General Kirk. Yes, sir.

Mr. Bates. What percentage of those would you say are graduates of an accredited school?

General Kirk. Well, they have done a job, and General Eisenhower's idea was that any man who had done a job in the war and was fitted should be taken. The educational requirements are reviewed in our office and to get a score that is acceptable, they must have had at least 2 years of college. Then they have had the experiences of the war added to that.

Mr. Bates. So they are competent in every respect?

General Kirk. Yes, sir. These 600 that we have accepted were picked out of between three and four thousand applicants who served in the war.

Mr. Bates. Now, there may be some of those, the balance, that you have not selected, of the three or four thousand applicants, who up to this point didn't measure up as high as the 600, but are improving all along the line. Facilities for studying are available to them and they have taken advantage of them. Will you use them?

General Kirk. No, sir. The integration is completed this year. In the future the man will have to have the educational requirements written in the bill and be under 30 years of age to come in, and his

Army background won't help him.

Mr. Bates. You just close the door on that fellow altogether?

General Kirk. Yes, sir.

Mr. Bates. And you are doing that on your own behalf, you are

not doing that because of any pressure?

General Kirk. I think the bill Congress passed said the integration must be finished by a certain date, and the War Department plans to complete this integration this calendar year. After that, when we start bringing in youngsters, they will be graduates from the schools. Otherwise, if we took everyone in at this time, we would have no place for future college graduates over the next 4 to 5 years.

Mr. Bates. The only reason I ask the question is because in the Navy we are not closing the door in this respect. We are closing the door on young men coming up through the ranks who desire to secure a commission in this Medical Corps and who, because of proficiency are qualified for a pharmacy commission. Isn't that the situation in

the Navy, Admiral Swanson?

Admiral Swanson. In the Hospital Corps bill the majority of them, as the bill is written, will come up from the enlisted ranks and become

officers.

Mr. Bates. So we have the anomalous situation here, Madam Chairman, of a Committee on Armed Services keeping the door open in one branch of the service, namely, the Navy Medical Corps, for boys who by their determination and ability and interest in their own work, they may advance to the point where the head of the Medical Corps of the Navy thinks they are qualified to be commissioned officers, but we are closing the door, under the provisions of this bill, in the case of the boy in the Army who aspires along the same lines.

Mrs. Smith. Mr. Bates, I think we had testimony the other day to the effect that the Army had tried the other plan and failed in carrying

it out: is that true, General Kirk?

General Kirk. Yes, sir.

Mr. Bates. They have 600 men here out of 4,000 that have met the qualifications. They have already commissioned them in the service. Of course, the basis of the general's statement is that the Congress

gave them up to a certain time to integrate them into the Army of the

United States. That work has to be completed.

Would you say, General, in answer to the chairman's question, that no substantial percentage of the ones that were not selected, of this three or four thousand, will ever have the qualifications to be commissioned in the service?

General Kirk. We wouldn't need that many.

Mr. Bates. I know you would not.

General Kirk. As I stated initially, every officer that served in this group during the war—and which was 22,000 officers—had an opportunity to make a request for commission in this Medical Service Corps. Of that number some 3,000 initially applied. We took the best of that, some 600, I believe, to start this corps going. Now, those are people that served in the war.

Our experience after the last war was that the men who became noncommissioned officers and later came up were failures in the Medi-

cal Administrative Corps, not men with war service.

Mr. Bates. Out of 3,000 yet remaining, those you did not select for temporary commission, and who have had that war service, those men cannot acquire the necessary technical background and qualifications to meet your requirements in the future, the same as in the Navy?

General Kirk. They will be in a different age group. We have got

to bring the youngsters in from the bottom.

Mr. Bates. You can establish some regulation, of course. That doesn't necessarily mean you have got to promote them. The only thought I have in mind is that we are closing the door on the boy who went into the armed services and offered his life for his country, and where he goes ahead and tries to get somewhere in the world, whether or not we are going to give him a chance or close the door, because we may have pressure groups working against him. That isn't happening in the Navy. We are opening the door. But in the Army we are

closing the door against them. I don't think it is right.

General Kirk. No, sir; this was not set up by any pressure groups, that we would have a requirement for a degree from a school for future recruiting. It is experience over 35 years that I have been in the Army. That is also the idea of other officers of the Medical Department, who likewise saw what we did with men that came from the ranks. That is our experience, and it is based on that. Now, speaking of the 3,000, and we are only giving 600 an opportunity, I might say to you, sir, that there were 100,000 applicants of the line for the first 10,000 officers that were taken in in the line; 100,000, there were 10,000 selected. There are another group of officers being integrated into the line of the Army and the Air Corps to fill up this other 25,000 that the Congress authorized.

Now, it is proposed that the whole Army be filled up to about 75 to 80 percent with people that served in the war. Then that integration stops, so that we can start to get young blood in, or we will have such an awful hump in the same grade, and nobody coming in from the

bottom.

It is the War Department's plan that integration stop and that those other vacancies be filled up in the next couple of years from men that graduate from school.

Mr. Bates. I understand that, General, very well. General Kirk. We are working on the same principle. Mr. Bates. I have no objection to that principle. I am just speaking of the boys who have had battle experience, who have been in the forefront of the front-line action. That is a type of experience that you cannot acquire in a school. The only question I am interested in is whether or not in the Navy it can be done and in the Army you say it cannot be done.

General Kirk. Well, 10 years from now the men that the Navy brings in to commission will not have had war experience, because

they are going to have to be under 30 years.

Mr. Bates. Why can they take them in the Navy? Is it because

different conditions exist?

General Kirk. I can only say that we tried it and it didn't work,

and we don't care to repeat the experience.

Mr. Bates. In your opinion, out of the 3,000 boys, if you were authorized to increase the strength of this corps by any substantial amount within the next 2 or 3 years, or increase it to any amount, would you think that any percent of the 3,000 boys would meet all of your requirements?

General Kirk. No, they wouldn't, all of them. Some of them

might.

Mr. Bates. No; I mean would any percentage?

General Kirk. They might. There are only so many. We only need so many administrators. We need so many that know how to do pharmacy. We need so many of each type to fill this corps. We have got to get the man that is specifically trained to do it. We are going to cut it off and leave spaces to bring in men. So many biochemists, and so forth. We might have three times as many people to fill up those spaces as we need, and who did good work, but they are not biochemists, and we can't put them in the corps.

Mr. Bates. That is right. Then you would say there are practically

Mr. Bates. That is right. Then you would say there are practically no classifications available into which any of these 3,000 young men who have made application for these temporary promotions would

be considered?

General Kirk. Everyone is considered. When the paper comes in it is considered.

Mr. Bates. I mean, there is no vacancy.

General Kirk. When we get to the point where we have taken in all of the administrators we can use, where we have taken all of the

pharmacists we can use, we have got to stop.

Mr. Bates. That is right. Suppose at the beginning of next year you need, let us say, 100 pharmacists. Out of these 3,000 boys there are 300 pharmacists who you feel have the qualifications and who make application. Under the provisions of this bill they are out because they are not graduates of a school. There may be a hundred who, in your opinion, would meet all of the qualifications you desire. Do you think they should be barred?

General Kirk. If they are not taken in the integration, yes. We are taking them in the same as the line. The line is going to take in men that didn't have service in the war so that they have young blood coming in. Otherwise they would be filled up with a group of oldsters. We have got to have young blood and we have

still got to run a corps.

Mr. Bates. That is all.
Mr. Durham. These boys that are barred because they haven't the educational requirements, who have rendered service during the

war, have the right under the GI bill of rights to secure an education and come in?

General Kirk. Yes.

Mr. Bates. And also have the right to go to night school and

acquire the requirements the hard way?

General Kirk. They can always come up when they meet the educational requirements. Today it is more and more education. It is the background of every job we have to fill.

Mr. Bates. We are going to have an inconsistency, that is all,

Madam Chairman.

Mrs. Smith. Any other questions?

(No response.)

Mrs. Smith. Thank you very much, General Kirk. We hope to have you back when we start reading the bill and talking about the amendments.

Is there anyone e se to be heard on H. R. 1982? Then we will go

on to H. R. 1603.

House of Representatives, Committee on Armed Services, Subcommittee No. 9, Hospitalization, Health (Medical Corps), Thursday, March 6, 1947.

The subcommittee met at 11 o'clock, Hon. Margaret Chase Smith

(chairman) presiding.

Mrs. Smith. We will not take up H. R. 1603, to establish the Medical Associated Sciences Corps in the Medical Department of the Navy, and for other purposes.

(H. R. 1603 is as follows:)

[H. R. 1603, 80th Cong., 1st sess.]

A BILL To establish the Medical Associated Sciences Corps in the Medical Department of the Navy, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there is hereby established the Medical Associated Sciences Corps, which shall be a constituent part of the Medical Department of the Navy and which shall consist of not more than two hundred and five officers of the grade of medical associated scientist. Officers of the grade of medical associated scientist shall have the rank of captain, commander, lieutenant commander, lieutenant, or lieutenant (junior grade), and such officers shall be part of the authorized strength of the various corps of the Medical Department as now exist or may hereafter be established.

Sec. 2. Medical associated scientists shall be staff officers and shall be subject to

Sec. 2. Medical associated scientists shall be staff officers and shall be subject to to all provisions of law now existing or hereafter enacted relating to the advancement in rank and retirement of officers of the Medical Corps. No officer of the Medical Associated Sciences Corps shall be entitled to command in the line or any other staff corps of the Navy, nor shall any officer suffer reduction in pay or

allowances by reason of appointment in accordance with this Act.

SEC. 3. All appointments to the grade of medical associated scientist shall be made by the President by and with the advice and consent of the Senate, and shall be from male citizens of the United States who shall have received a doctorate degree in such sciences related to medicine that the Secretary of the Navy shall determine.

Sec. 4. During the period that appointments to the Regular Navy may be made pursuant to section 5 of the Act of April 18, 1946 (Public Law 347, Seventy-ninth Congress second session), no appointment to the grade of medical associated scientist shall be made except in accordance with the provisions of that Act.

Sec. 5. All appointments to the grade of medical associated scientist, except those provided for in section 4 of this Act, shall be with the rank of lieutenant

(junior grade) from male citizens of the United States between the ages of twentyone and thirty-two years. No person shall be appointed pursuant hereto until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy.

Sec. 6. During such period as the permanent promotion or advancement of officers of the Navy remains suspended pursuant to the Act of June 30, 1942 (56 Stat. 463), medical associated scientists appointed under section 5 of this Act shall not be assigned running mates as provided in section 7 of the Act of June 10, 1926 (44 Stat. 720).

SEC. 7. The Secretary of the Navy is authorized to prescribe such regulations

as may be necessary for the administration of this Act.

Mrs. Smith. Admiral Swanson, will you come up to the table. please?

STATEMENT OF REAR ADM. CLIFFORD A. SWANSON (MEDICAL CORPS), UNITED STATES NAVY, SURGEON GENERAL, UNITED STATES NAVY. (ACCOMPANIED BY LT. COMDR. O. L. YOUNG, BUREAU OF MEDICINE AND SURGERY, AND CAPT, E. G. HAKANSSON)

Mrs. Smith. Admiral Swanson, I want to thank you on behalf of the committee for showing us around at the Medical Research Center at Bethesda vesterday. I realized that we did not see everything that you were doing up there, but did get a very good understanding of the Navy's part in the field of research. We would like to hear what you have to say on H. R. 1603, if you please.

Admiral Swanson. Madame Chairman, a bill to establish the Medical Associated Science Corps in the Medical Department of the

Navy, and for other purposes.

1. This bill was submitted to Congress by the Navy Department as an essential part of its legislative program. It has been cleared

by the Bureau of the Budget.

2. This bill would establish the Medical Associated Sciences Corps as a constituent part of the Medical Department of the Navy, consisting of not more than 205 officers of the grade of medical associate scientist with rank from lieutenant (junior grade) to and including captain. The 205 officers of this corps are to be a numerical part of the authorized commissioned strength of the Medical Department

and not in addition to such authorized strength.

3. Medical associate scientists are to be staff officers and subject to all provisions of law relating to the advancement in rank and retirement of officers of the Medical Corps. During the period that appointments to the Regular Navy may be made, pursuant to the act of April 18, 1946, the transfer law, no appointments to the grade of medical associate scientist are to be made except in accordance with the provisions of that act. Subsequent thereto appointments are to be made with the rank of lieutenant (junior grade) from eligible candidates who shall not have attained the age of 32 years on June 30 of the calendar year in which appointed, and no such person shall be appointed until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy. All appointees shall be from male citizens of the United States who shall have received a doctorate degree in such sciences related to medicine as the Secretary of the Navy may specify.

4. In the expansion of the Medical Department to meet the demands of the war there were appointed in the specialists classification of the

Naval Reserve some several hundred persons skilled in sciences related to medicine such as physiology, psychology, biochemistry, bacteriology, parasitology, industrial hygiene and public health, who became an integral and essential component of Medical Department personnel, supplementing in training and professional attainments

the medical officers and dental officers.

These officers proved invaluable in the efforts of the Medical Department to prevent disease and protect the men against the hazards of warfare. They worked at the various fronts, aboard ships and in aircraft, at training stations and in research laboratories. In the early days of the Pacific campaigns entomologists and parasitologists determined the mosquito vectors of malaria, dengue, and filariasis with scientific accuracy and with such promptness that their discoveries could be applied to the control and prevention of these diseases.

The malaria control in the southwest Pacific was an outstanding accomplishment of military medicine. It has been said that it shortened the war by 6 months and it will probably be ranked among the greatest achievements in prevention of tropical diseases under actual warfare. It was accomplished through intelligently directed application of scientific knowledge much of which was obtained by our

commissioned scientists as they advanced with our forces.

As members of "epidemiological teams," of which the Medical Department at one time had 185, they furnished the necessary specialized knowledge and skill in the fight against scrub typhus in the Solomons and Burma, schistosomiasis in the Philippines and Africa,

and dysenteries and parasitic diseases throughout the Pacific.

At the Naval Medical Research Institute, Bethesda, and in the research laboratories at naval air stations, submarine bases, and Marine Corps camps they were engaged in work on the many and complex problems of selecting and training officers and men for the highly specialized duties of naval warfare such as fighter-plane pilots, gunners, lookouts, sonar, and radar men. Basic knowledge in dark adaptation, color vision, and personality characteristics was essential in this work. A large staff of scientists was engaged at the Naval Medical Research Institute for research requiring elaborate installations and instruments. A few of the contributions of this institute may be mentioned:

(1) A method for making sea water drinkable was discovered in 1942 when hundreds of shipwreeked men were suffering and dying from thirst on life rafts; (2) exposure suits were developed to protect survivors against exposure in cold water and deck watches against cold and spray; (3) body armor for combat and improved flak suit of flexible nylon were designed; (4) essential studies were made of submarine atmosphere during prolonged submergence; (5) oxygen installations in aircraft were evaluated and modified; (6) minimal requirements for personnel in living spaces aboard ship were determined, a study which demonstrated the need for air-conditioning of

5. An important mission of the Medical Department is to keep the officers and men entrusted to the Navy in the best possible physical and mental health. The extent of decrease in sick days, number and size of dispensaries and hospitals, and the number of doctors and

living spaces.

nurses caring for the sick and injured will be a measure of the success

in this mission. Satisfactory progress cannot be made without the

assistance of the specialized knowledge of scientists.

As during the war, there is need for bacteriologists, virologists, and parasitologists to investigate the causes of epidemics of dysentery, streptococal diseases, rheumatic fever, colds, and other infections which are an ever-present threat to the health and life of personnel at training stations aboard ship and on bases beyond the seas.

Industrial hygiene specialists and toxicologists are needed to guard against hazards at naval shipyards; physiologists, psychologists, and

biochemists to study the effects of environmental stresses.

6. The Bureau of Medicine and Surgery also has the responsibility to assist the other Bureaus in maintaining and increasing the operational efficiency of the personnel. A few illustrative examples may be mentioned:

(1) Physical fitness standards and capabilities for specific tasks.

(2) Studies of environmental stresses such as (a) heat and humidity below decks in naval vessels; (b) exposures to cold in Arctic areas; (c) toxic gases, that is, carbon monoxide in aircraft and on hangar decks; (d) the occurrence of "bends" in divers and aviators which determines the limits of human performance in dividg operations and the climbing rate of aircraft; (e) human factors in engineering design of cockpits, gun turrets, instruments and installations aboard ship; (f) effects of vibration and noise on performance; (g) biological effects of atomic energy, and means of detecting dangerous radioactivity in order to safeguard personnel who in the future may have to deal with atomic power plants.

The criteria of human endurance and performance will determine many factors in design and construction and permit sound development of ships, aircraft, and prototype equipment. Without such criteria millions might be spent on unsatisfactory models and useless

procedures

7. To accomplish this work research workers need to be an integral part of the Navy as commissioned officers. This will afford them unrestricted opportunities to observe the problems aboard ship and at shore stations, and to evaluate their discoveries by field trials. It will contribute significantly to the esprit de corps essential for the highest cooperation and application of their knowledge and skill.

8. In the postwar years the responsibility of the Navy and of the Medical Department will continue to be world-wide and to require a continuation of the war-developed activities in research and in the sciences allied to medicine. The Medical Department cannot, in justice to the Navy or to the United States, withdraw to the narrow field of prewar research. Yet, to continue in advance research we require men who, as I have indicated, possess a specialized knowledge, ability, and experience not to be found in the Medical Corps, men conspicuously of professional rank and possessing advanced degrees, such as doctor of science or doctor of philosophy. To obtain and retain competent scientists of this caliber it is necessary to offer them pay, privileges, and emoluments comparable to those afforded by pharmaceutical and chemical companies, foundations, and other similar civilian institutions of education and research.

9. The Bureau of Medicine and Surgery has made a very thorough study of the problem presented. Because in the present structure of

the Navy there is no method whereby scientists of the high attainments required can be obtained, the answer lies in this proposed legislation to establish a corps of commissioned officers trained in the sci-

ences which aid and complement medicine.

10. The Bureau of Medicine and Surgery feels most strongly that naval medical research can be planned and conducted successfully only by personnel cognizant not only of the problems of military medicine, but widely trained in medicine and in the sciences contributory thereto, and in the unique methodology and techniques employed in or related to medical research. Such research has become highly specialized.

Thus, the various branches, such as aviation medicine, submarine physiology, personnel selection, physical qualifications and the like, each require special training and experience for the successful prosecution of the numberous problems arising in these fields. As previously stated, the answer to this problem and the only answer we have been able to reach is the proposed Medical Associated Sciences Corps.

11. As noted in the proposed language of the bill, the officers of this corps "shall be a part of the authorized strength of the various corps of the Medical Department as now exists or may hereafter be established." The enactment of this legislation, therefore, will not increase the present costs for the personnel of the Medical Department.

12. I am informed that during the war the Medical Department of the Army, paralleling the action of the Navy in connection with the Naval Reserve, brought into the Sanitary Corps of the Medical Department of the Army of the United States personnel educated and trained in the sciences related to medicine, and that in many instances these specialities were the same as those utilized by the Navy. Postwar, a number of these scientists have been commissioned in the Pharmacy Corps of the Regular Army and the War Department also has under study proposed legislation along lines similar to the Medical Associated Sciences Corps, as the Medical Department of the Army also has found that the services of such personnel are essential to a continuing advancement in edical military research.

Mrs. Smith. Mr. Bates, have you any questions?

Mr. Bates. Admiral, this is somewhat parallel to the bill that we have just heard, H. R. 1982 of the Army? This is a so-called Medical Science -

Admiral Swanson. Medical Allied Science Section.

Mr. Bates. For the Navy? Admiral Swanson. Yes, sir.

Mr. Bates. General Kirk, is there another bill along with the Medical Service Corps bill that parallels this bill?

General Kirk. No. sir.

Mr. Bates. Is that all embraced in the Medical Corps bill?

General Kirk. In Medical Allied Science Section of the Medical Service Corps.

Mr. Bates. So this is really a parallel bill to the bill we just heard. so far as the Army is concerned, Admiral? This is a similar bill, embracing the various classifications?

Admiral Swanson. It is somewhat similar to the Medical Allie!

Science Section of the Army's Medical Service Corps bill.

Mr. Bares. Yes. I have in mind that the general law as to the strength of the commissioned forces of the Navy is 7 percent of the

enlisted strength of the line. What percent is applied to the Bureau of

Medicine and Surgery?

Admiral Swanson. Six and a half per thousand. The number of 0.65 percent of the total personnel of the Navy and Marine Corps. Sixty-five hundredths percent of the total Navy and Marine Corps.

Mr. Bates. What would this bill increase that to?

Admiral Swanson. This bill would not increase that figure. This bill would be a component part of that 0.65 percent. It would not be an increase in the Medical Corps. In fact, there would be a decrease in the number of medical officers and their place would be taken.

Mr. Bates, I see. Now, the Medical Corps at the present time for the most part consists of medical officers, the dental officers, and specialists such as eye, ear, nose, and throat, and surgery, and then

you have your Pharmacy Corps?

Admiral Swayson. The Denial Corps is a separate component. Mr. Bates. So you are using these medical officers in the field of research——

Admiral Swanson. We are using some medical officers.

Mr. Bares. Before you gave these men a temporary commission, these specialists that we observed yesterday they are all on temporary commission?

Admiral Swanson. Yes, sir.

Mr. Bates. And if there were no provision in this bill to grant them a permanent commission there would be nothing left for them to do but to get out of the service?

Admiral Swanson. Yes, sir.

Mr. Bates. In their place, if we are to continue on the work of research in the many fields of medicine and related matters, we would have to take the Medical Corps officers, or the dental officers or the members of the Pharmacy Corps, or the Hospital Corps?

Admiral Swanson. Or hire civilians.

Mr. Bates. Or hire civilians. Now, all of these specialists have

got to have doctor's degrees in order to qualify?

Admiral Swanson. According to this bill they all have to have doctor of philosophy degree or doctor of science degree. However, in harmony with the apparent desires of this committee we have some amendments to offer whereby we can take them in with a baccalaureate degree in the rank of ensign; but according to this bill they come in as a lieutenant, junior grade, although they then have a doctor's degree.

Mr. Bates. And the doctorate degree denotes how many years of

training?

Admiral Swanson. The doctorate of philosophy and doctorate of science, the time required to obtain that degree roughly parallels that of the doctor of medicine.

Mr. Bates. That is 8 years or 6 years?

Admiral Swanson. 8 years; 8 years after high school.

Mr. Bates. So you do not intend to increase the sum total number

of officers in the Medical Corps?

Admiral Swanson. The sum total officers of the Medical Department will not be increased. These scientists will really become a component part of that number.

Mr. Bates. That is right. That is all, Mr. Chairman.

Mrs. Smith. Mr. Durham.

Mr. Durham. Admiral, in setting up this bill, I notice the rank compares about like the Medical Corps, does it not, as far as the head

of your corps is concerned, in rank?

Admiral Swanson. Well, they will have the same percentage distribution, sir, as all officers in the Navy. They will have, for instance, when this corps becomes old enough, 4 percent of this group would become captains in the Navy.

Mr. Durham. Can you give the committee just how many groups this covers, such as those with a doctor's degree, biochemistry—

whatever you have in this group.

Admiral Swanson. Yes, sir; I can give you that. I would prefer to have, if you will, sir, to have the Director of the Naval Research Institute at Bethesda elaborate on that.

Captain Hakansson. The number of specialties will be determined

by the needs.

Mr. Durham. At the present time what are your needs?

Captain Hakansson. Well, we have parasitologists, we have virologists, we have bacteriologists, we have a few physicists, physiologists, biochemists, chemists, organic and inorganic, entomologists, nutrition specialists, psychologists, those who have specialized in public health and industrial hygiene, and medical statistics, and biometrics. Other specialties may be necessary as problems arise.

Mr. Durham. Does this bill give you enough degree of independence to carry on the type of work at the present time which you are trying

to carry on at Bethesda?

Captain HAKANSSON. Yes, indeed, sir.

Mr. Durham. The requirement is that he has to be a doctor of philosophy, 8 years of experience. If you offer him a job you have to offer it to him as an ensign?

Captain Hakansson. As a lieutenant, Junior Grade, if he has a

doctor's degree.

Mr. Durham. Lieutenant, junior grade?

Captain HAKANSSON. Yes, sir.

Mr. Durham. Is the compensation enough to attract any scien-

tists into this field?

Captain Hakansson. Well, what a true scientist asks for, and a good research worker asks for are usually four things. He wants to have the facilities, and good facilities for doing research.

Mr. Durham. You have got those?

Captain Hakansson. We have those in several places. In fact, we have some very excellent facilities at Bethesda, the finest facilities for biological research in this country, if not in the whole world at this time. He wants freedom of research, as much as possible, and not regimentation. He wants recognition. He wants to have the privilege of being an independent, he wants to do independent investigation as often as possible, and the privilege of publishing his research in scientific journals under his own name.

Mr. Durham. Does he have that at the present time?

Captain Hakansson. Yes, sir. He wants recognition, the recognition that goes with belonging to a corps of this kind, as proposed. And recognition in the scientific world through his publications, through opportunity to attend scientific meetings, and so forth.

Mr. Durham. Do you think you can meet all those requirements

under this bill?

Captain Hakansson. Yes. We have at this time a few applicants. While demobilization was taking place, we lost 60 out of our 70 HS officers. Many of them were offered salaries of \$8,000, \$10,000, and \$15,000.

Mr. Durham. Are you still losing them?

Captain Hakansson. Yes; we are still losing some, but some of them, after having worked in research activities where these salaries are offered, are beginning to regret that they took those positions. They would rather take a smaller salary provided it offers some security to them and their families, and have the privilege of working as at our institute, and in other research facilities that the Medical Department has.

Mr. DURHAM. Do you think all that is going to make up for the attractive salaries offered? You know the American loves a dollar.

Captain Hakansson. We believe so. If we have these facilities for research and if they have the opportunity to get acquainted with the problems and work on the problems that they like, and such interest will be developed if they are a part of the Navy and are com-

missioned in the Navy.

Mr. Durham. Well, suppose you continue to lose these men. I am concerned about this problem because I think that the heart of our whole development program is right here. We have already put much money into it. Of course, it is no good without human beings. What disturbs me is the fact as to whether we are going to solve our problem or not so that we can continue research. We have this tremendous development, built by the American people. If it is a matter of pay, or something else, I am willing for you people to bring it before us and we will fight it out for you, because I think it is the master of the whole thing.

Captain Hakansson. That is right. That is the master key.

Mrs. Smith. Admiral Swanson.

Admiral Swanson. I believe we will not have trouble getting these researchers if we give them the physical plants, which we already have, and which you have seen. We will get the personnel. The true research man wants to make a living, but his main interest in life is his research work. I have with me today a research man who is outstanding in this country, Captain Vorwald. He might have something to say on this matter.

Mr. Bates. Madam Chairman, let me interject in answer to the

question in regard to adequate compensation.

Of course, what we are trying to do under the provisions of this bill is to give them a lieutenant, junior grade, commission if he has a doctorate degree, and that is all we give to the medical doctors today. So you cannot put these men on a higher level than the dental officers or medical officers who also have doctor degrees.

Now, then, the question comes up as to whether or not the profession in itself, the medical profession, and all of its associations, are being adequately recognized from the standpoint of compensation, and

in that field I agree with you we have a real job to do.

Mr. Durham. I don't want this matter of rank to stand in the way of this program of development and research, not only in this divi-

sion, but in all divisions through the program.

Mr. Bates. I think our medical profession is terribly underpaid in the Military Establishments. That is why we are losing men. We will lose all these men if we don't give them a commission. Mrs. Smith. We will hear Captain Vorwald. Will you give your full name to the reporter, please.

STATEMENT OF CAPT. A. J. VORWALD (MC) USNR

Captain Vorwald. Arthur J. Vorwald.

Madam Chairman, I should like to comment in support of this bill from the modest standpoint of one who has spent his whole life in research problems relating to medicine, and also who at the present time while attached to the Office of Naval Research is pursuing a program for the support of research in universities and industries through-

out the country.

The Office of Naval Research was established to effect as quickly nad effectively as possible the solution of problems in science, including the medical sciences which confront the Navy. During the war the services marshaled the scientific manpower of the country to collaborate with the service scientists in the solution of these problems. After the war, however, it became apparent that the Navy would not be able to pursue all the problems posed by our expanding global commitments and in keeping with advances made in the physical sciences.

The reasons for being unable to do so are numerous. Paramount among these is the complexity of the problem per se. But there are othere equally significant. Of these the primary issue relates to personnel with recognized scientific training and ability to solve these problems. This personnel involves all the basic parts of the medical sciences. This personnel has returned to the posts within universities and industries because of the positions offered.

They have not elected to remain within the service to staff existing research facilities of the Navy and solve the problems of the Navy. Yet, the same personnel is requesting financial support from the Office of Naval Research for their specific researches which they wish

to carry on in the civilian establishments.

Had conditions within the service structure been more favorable for these men, I am sure that many would have elected to remain within the service and to carry on their work within existing naval

circles.

Therefore, some mechanism must be established to interest these men in the service to encourage them to carry out their research in our marvelous existing facilities, to teach and train the younger Navy men to pursue those problems confronting the Navy, and to give these men a stature and responsibility and a recognition comparable with their scientific training and ability and accomplishments.

It is my sincere belief that this bill will make that possible.

Mrs. Smith. Thank you very much, Captain.

Mr. Durham, any other questions?

Mr. DURHAM. Captain Hakansson, at the present time, what is the condition of our staff personnel?

Captain Hakansson. At the institute, you mean?

Mr. Durham. Yes.

Captain Hakansson. We have at this time 55 research workers. Each one has a technical assistant or two. Those who are on some of the problems involving animal work have three or four assistants. We could at the institute have a staff between 80 and 100 independent research workers, and about 160 technical assistants.

The average assistants given to a research worker in this country is 0.8, but if they are in the biological research the figure is one and a half. The desirable figure is between two and three. That is why we hope to have ultimately at least two trained assistants for each of the 80 or 90, or possibly 100 research workers in the institute.

Mr. DURHAM. You could use a hundred at the present time with the

laboratory facilities?

Captain Hakansson. No; it would be a little crowded, contrary to what you might have observed yesterday. We have a few teams on

field research.

Mr. DURHAM. That is why I asked the question, because I noticed many fine laboratories with fine equipment. It is probably our fault, as Congressmen, in that we haven't provided for these research laboratories as well as we might.

Of course, that is one of those things we are trying to solve at the

present time. How many did you have during the war?

Captain Hakansson. During the war we had 80, except that for the last year of the war, we had only half of the space in laboratories. The building which you entered was an addition during 1945, as well as the animal laboratories where you saw the animals.

Mr. Bates. How many did you lose? How many did you de-

mobilize?

Captain Hakansson. All except 15. Mr. Bates. How many was that?

Captain HAKANSSON. That would be 65.

Mr. Bates. You have 15 left?

Captain Hakansson. We have 15, but by this time we have lost, since then, 2 more, and I think we now have 13.

Mr. Bates. You will lose all of them if this bill doesn't become law?

Captain HAKANSSON. That is right, sir.

Mr. Durham. The question is whether this will solve your problem. Mrs. Smith. Admiral Swanson, did I understand you to say that the

ceiling would be 250? Was there a minimum?

Admiral Swanson. In the bill it is 205, but we have modified that in prospective amendments which we are going to offer. It will be 5 percent of the actual strength of the Medical Corps. The reason being this: If we got down to, let us say, a 100,000 over-all Navy and Marine Corps, we would have 650 doctors, and we would find ourselves in the position of having 205 of these researchers, and so we have made it 5 percent of the corps. So if we would get down to 100,000 in the Navy we would have 5 percent of 650, or 32.

Mrs. Smith. Where would they be stationed? Are they all assigned

here at the institute at Bethesda?

Admiral Swanson. Most of them would be assigned to the research

facilities, of which the Navy has several:

At Bethesda, the Naval Medical Research Institute, for research requiring elaborate installations and the numerous tools of scientific investigations. It requires a staff of about 80 research workers, at least 60 of which would be medical associated scientists.

At the naval air training base, Pensacola, the School of Aviation Medicine and Research, for investigations related to aviation medicine. A group of 20 physiologists, psychologists, chemists, and physicists

are needed to carry out the work of this unit.

At the submarine base, New London, Conn., a medical research laboratory to investigate medical aspects of submarine operations

and deep sea diving; here at least six scientists are needed, chemists,

physiologists, and psychologists.

At Camp Lejeune, the Medical Field Research Laboratory, for investigations of medical problems pertaining to the marines. A group of 15 scientists would be utilized in this work.

On Guam, the Naval Institute of Tropical Medicine has need for a group of 25 research workers in entomology, parasitology, bacteriology, and epidemiology, to conduct research on tropical diseases and disease hazards within the Pacific Fleet and at shore stations on the various islands.

At Berkeley, Calif., the Naval Medical Research Unit No. 1 has need for research workers in bacteriology, virology, and immunology.

At Dublin, Ga., the Naval Medical Research Unit No. 4, for research on rheumatic fever and streptococcal diseases; a group of 10 research workers in these fields are needed.

At the various naval air stations physiologist and psychologists ares needed in the selection of pilots and enlisted personnel for aviation and various training procedures.

Fifteen or more bacteriologists, entomologists, and parasitologists

are needed on our epidemic disease control units.

Recently there has been developed an urgent need for radiochemists, physiologists with special knowledge of radioactivity, and scientists in related fields, in order to carry out essential investigations on the dangers of radioactivity from atomic energy.

Also, in answer to one of the other questions, we had 500 Navy research workers in the Navy at the peak of the war. I could give

you a break-down of those.

Mrs. Smith. How many did you have before the war. Admiral

Admiral Swanson. This thing is an outgrowth of World War II, Madam Chairman.

Now, we have selected 32 for this prospective corps, and over my desk has come at least 10 applications in the past week which we are still studying and apprising. So that is a good start.

Mrs. Smith. What will the cost of this be?

Admiral Swanson. The cost will be, the cost for personnel will be zero, because they are an integrated part of the Medical Corps.

Mrs. Smith. Is this going to cause a deficiency as to doctors; are you going to have enough doctors if you take these out of your Medical Corps?

Admiral Swanson. We believe that we can do the medical work taking 5 percent out of our doctors, and putting them in these research activities.

Mrs. Smith. Are many of your doctors doing any of the research now?

Admiral Swanson. Yes, we have some doctors doing some very important research work. One of them—to my right, is an authority

Mrs. Smith. Admiral Swanson, I notice that you specify that the corps will be made up of male citizens. Didn't you have some

women scientists during the war?

Admiral Swanson. We had some, and I think we have one at the present moment. The big difficulty comes in transferring these people. If we have a bit of research work to be conducted on ship, it is just impractical to put a female research worker on the ship.

Mrs. Smith. We are told that the Navy wants the Wave organization to become permanent because the Medical Department needs many of them. Would it not be as reasonable to use women of this

corps as it would of the Wave organization?

Admiral Swanson. We could utilize them if they were part of the Wave organization, but this group of scientists we would have to send to, oh, let us say, places like Guadalcanal, or any area where we want research work done, and it would be impractical, in many cases, to send these female scientists.

Mrs. Smith. How will you take care of your plan for rotation? Don't you have a regulation or is it a law that you have to rotate your men in service? What will you do with the scientists when it is time

for them to go to sea?

Admiral Swanson. That is only a Navy Department policy. We will evolve a policy where they will have a great deal of fixed service, and will only go out on vessels where needed.

Mrs. Smith. I notice in line 11, page 3, you say something about

running mates. How will this be taken care of?

Admiral Swanson. The same as for all other staff corps.

Mrs. Smith. Will you have a Reserve?

Admiral Swanson. If this bill be enacted they will become a regular part of the Navy and as such will have running mates allocated to them.

Mrs. Smith. Will there be a Reserve for research?

Admiral Swanson. Oh, ves.

Mrs. Smith. How many captains will you have in the corps?

Admiral Swanson. When this corps is grown up—after all, if this bill be enacted, it is in its infancy—it would take 10 or 15 years for it to grow to full strength. Then 4 percent would be captains.

Commander Young. I might say under the commissioning law you get 1 admiral to 4 captains, to 8 commanders to 15 lieutenant commanders, to 30 lieutenants to 42 lieutenants junior grade, and ensigns.

Admiral Swanson. The same percentage distribution would oper-

ate here as in other staffs.

Mrs. Smith. There is not much chance for your lieutenant (junior grade's) going up to captain.

Admiral Swanson. There is equal opportunity in all corps of the

Navy.

Mrs. Smith. Except there are so few in this corps.

Admiral Swanson. But relatively, they would have the same chance

Mrs. Smith. Would you use any civilian scientists at all? General Kirk said they called civilian specialists in. Would you be doing that, Captain Hakansson?

Čaptain Hakansson. During this period of some 5, 10, possibly 15 years, while these relatively young research workers develop ability and experience, it would be necessary at Bethesda and in some of the other research facilities, to have a group of mature top-flight scientists to help the directors of research in guiding these relatively young research workers. So it appears at this time very desirable to have some civil service positions set up for top-flight scientists. And possibly we will also have to utilize civil-service scientists of less experience, during the early years of the development of this corps. I can foresee that.

Mrs. Smith. Will the head of this corps have full authority as to

the activities of the corps, Admiral?

Admiral Swanson. I can envision in the future that he would become the head of the research division of the Bureau of Medicine and Surgery. At the present time Admiral Brown, Medical Department, is head of the Research Division of the Bureau of Medicine and Surgery, but when they become a grown-up corps it would certainly be my policy to put the Chief of the Research Division to head one of these medical associated science corps.

Mrs. Smith. For the present, then, Admiral Brown, or his successor, would have the full authority to direct the activities of the corps?

Admiral Swanson. Yes, sir.

Mrs. Smith. Will you tell us about the institute at Guam?

Admiral Swanson. We have a research institute at Guam called

Naval Medical Research Institute No.-

Captain Hakansson. That used to be Naval Medical Research Laboratory No. 2, headed during the war by a scientist from the Rockefeller Foundation. The buildings, the temporary buildings which he erected there are still standing on Guam and used for this Tropical Disease Institute, as it has been renamed.

Mrs. Smith. How many do you have over there?

Captain Hakansson. Very few.

Admiral Swanson. Total personnel is about 35 at the present time.

Mrs. Smith. Is that as many as you will have?

Admiral Swanson. No. More as the corps grows.

Mrs. Smith. Do you have any other institutes outside of the country?

Admiral Swanson. We have a research institute in Cairo, Egypt.

Mrs. Smith. What personnel do you have there?

Admiral Swanson. A total of 12 officers at the present time.

Mrs. Smith. Do you have in your budget sufficient funds to carry

those on as you want to?

Admiral Swanson. For the next fiscal year we asked for about. for the fiscal year 1947, for research we asked \$1,715,000, and for the fiscal year 1948 we are asking for two and a half million dollars for medical research in support of these institutes.

Mrs. Smith. Is there any reason why the facilities at Bethesda can't be used by the Army and the Navy and the Public Health

Service?

Admiral Swanson. Madam Chairman, as you saw yesterday, we have two of our very distinguished colleagues from the Army Medical

Department working out there.

Mr. Durham. Following up the question the chairman asked you. Admiral, on this matter of barring these women in this corps, why couldn't those women be used as assistants in the laboratories, as at the present time we have many girls throughout the country that are equipped with scientific training. It looks to me that it would be wise to provide some laxity in the bill whereby they could be used.

Admiral Swanson. Mr. Durham——

Mr. Durham. I understand your problem of offshore and places like that, but I am thinking of a girl chemist, for example. They make mighty fine laboratory technicians. They are especially adept

Captain Hakansson. You are entirely right. We had some experience during the war. We had at one time, I think, 25 Wave officers working in that institute and some enlisted Waves, and they really did excellent work. A few of them are independent research workers, even though they have a Ph. D. But under guidance of the more experienced workers, they are excellent and careful and reliable and industrious workers.

Mr. Durham. Why shouldn't we provide that you could use them? Admiral Swanson. If we have the Wayes, we could put them in

the Wave corps.

Mr. Durham. That is another one of these technicalities that runs in the way of scientific research which I don't like. I see no objection to taking these women. It is obvious they can't be sent aboard our men-of-war. Certainly we would leave it to you when it comes to those cases. But as in the case of out at Bethesda, where a girl could live, I don't see why we shouldn't make provision to use them.

Mrs. Smith. Is it necessary to restrict it to male citizens, Admiral?

Admiral Swanson. No.

Mrs. Smith. Couldn't that be left to the Department?

Admiral Swanson. Well, I think we need not designate whether it would be male or female. I believe we could use the female.

Mrs. Smith. Any further questions? Mr. Bates.

Mr. Bates. In your testimony, Admiral Swanson, I was interested in what you had to say about malaria control in the South Pacific as

an outstanding accomplishment of medicine.

Discussing that matter yesterday with the men who were in charge of research in malaria control, I inquired as to what is the answer to malaria, and the answer was that there is no answer at the moment. We guid develop other types of medicine, did we not?

Admiral Swanson. Yes.

Mr. Bates. May I inquire as to what you meant by that statement, how did we shorten the war, what contribution did medicine

make to the control of malaria?

Admiral Swanson. First of all, controlling the vectors, the mosquitoes, the insects which spread the disease. They controlled that. We did have a suppressive drug for the treatment of malaria which was used during the war, namely, atabrine, but I believe the man that spoke to you yesterday meant that they had not found as yet the ideal drug. But they do have now a drug superior to quinine and also superior to atabrine, a drug which is called chloroquine.

Mr. BATES. Who named that?

Captain Hakansson. That was named by the council of pharmacy

of the American Medical Association.

Mr. Bates. They name them all. That is why we get these names on prescriptions that are hardly pronounceable and yet an unpronounceable term might mean salt.

Do you think we have made some advances in malaria control,

Doctor?

Captain HAKANSSON. Tremendous advances. Of course, during the war we merely applied the knowledge already available.

Mr. BATES. That is right.

Captain Hakansson. Except for the specific investigations of the mosquitoes actually responsible for the malaria in the Southwest Pacific.

Mr. Bates. Let's assume that we are starting out afresh and are going into Guadalcanal, where 90 percent of our men were infected with malaria. What would you do? You would give them the drug. No. 1. How effective would that be?

Mr. Durham. You believe in carrying a stock of quinine with you,

don't you, Doctor?

Captain Hakansson. We wouldn't use quinine now. We would use either atabrine or chloroquine for the suppression of malaria. That is, preventing the fever and chills, but not actually preventing the infection. We have no such drug as yet. But it keeps the man from coming down with malaria and enables him to keep fighting.

Mr. Bates. The same as this anticold vaccine that we get around

What else do you do with malaria? How do you control the mosquito?

Captain Hakansson. Nowadays?

Mr. Bates. Yes.

Captain Hakansson. We would use DDT, spraying it. Mr. Bates. I see. That is quite effective in itself, is it? Captain Hakansson. Very effective.

Captain VORWALD. This bill is an effort to give us the facilities to continue. There are many other fields other than malaria.

Mr. Bates. Yes. I think we are probably 25 years behind with

this type of legislation.

Mrs. Smith. Any further questions?

Mr. Bates. Let me ask the Surgeon General of the Army if he has laboratory facilities also available where this very extensive research work can be carried on.

Mrs. Smith. May I interrupt, Mr. Bates, to say that there is an invitation for the committee, from General Kirk, to visit their research

section at Walter Reed.

General Kirk. We would be glad to show you what research is being carried on by the Army. We were glad to see what the Navy s. They have a beautiful building. Mr. Bates. You mention "building," General. That is just four

walls. What do you mean by that?

General Kirk. I mean they have a wonderful plant and they are doing a splendid job. The plant, being more than we have, struck my

We have at the Army Medical Center what is known as the Army Medical School Building, which was built back in the twenties, finished in 1925, where research has been carried on since that time. Research has been a continuous thing in the Army for many, many years. The Institute of Pathology, down in the Mall, in a building that is a hundred years old, was started there just after the Civil War, we have research going on there in pathology.

Mr. Bates. Do you have all the facilities you need?

General Kirk. No; we need a new building for the Institute of Pathology very badly. We have the material to make the greatest national institute in the world from the scientific standpoint. Army medical research is going on in various parts of the country. The Air Corps carries on a very extensive research program, and have since aviation started, at an airfield in Ohio. During the war there was set up at Fort Knox research that had to do with men that fought in tanks. So there is much research complementing that of the Navy.

In the Army we do everything that has been told you here today by Admiral Swanson except those things that have to do with submarines and ships.

Mr. BATES. The thought I had in mind was as to whether there might be coordination, the transfer of officers from one to the other.

so that we get to know each other.

General Kirk. That is important, and we have been doing it, but we are sort of transferring negatives; we are on the negative as regards officers of the Medical Corps.

Mr. Bates. That is in respect of numbers?

General Kirk. Yes, sir; as well as the training, but that has been done during the war, and every bit of research that the Navy and the Army and the Public Health does is all coordinated under a joint board to see that there isn't duplication. None of us have sufficient personnel or facilities to be doing the job we should be doing.

Mr. Durham. The Medical Service Corps is an integrated part

of this research that you are carrying on?

General Kirk. Yes. This is a new thing that is being born. We have got to start as children and grow up.

Mrs. Smith. Are there any further questions?

Admiral Swanson, from your observation yesterday, the Navy seems to have a tremendous investment at Bethesda. There probably is an investment at Cairo, Egypt. Will you supply figures as to those investments for the record?

Admiral Swanson. Yes, Madam Chairman.

Mr. Bates. We have medical facilities now at Cairo? Mrs. Smith. Yes; that is what the admiral testified.

Admiral Swanson. We have a research unit there which is the outgrowth of an epidemiological unit which was there during the war, and I believe about 10 people are still there conducting research, but we have no building investment there now.

Mrs. Smith. But you have the facilities?

Admiral Swanson. Facilities are being loaned us by the Egyptian Government.

Mr. DURHAM. It is necessary because of the type of disease preva-

lent in this area?

Admiral Swanson. That is right. A rather interesting side light on that, some few years past, from Africa, the cause of sleeping sickness went by airplane over to Brazil and the proximity of Egypt, and the Near East being closest to us, we have got to learn more about their diseases, because the diseases now prevalent there may come to this country.

Mrs. Smith. We do have the investment, and we must have the personnel. Do I understand correctly that this doesn't add any cost, that the personnel will come out of the Medical Department and that the work of the Medical Department is not being hampered by the

deduction of the 5 percent?

Admiral Swanson. That is correct, because we are not even up to complement at the present time, Madam Chairman, of our doctors.

Mrs. Smith. Any further questions?

(No response.)

Mrs. Smith. Are there any other witnesses who want to be heard on H. R. 1603?

(No response.)

Mrs. Smith. Admiral Swanson, have you anything further to say? Mr. Bates. We finished the hearing on this bill then? I want to ask one question if we are finished with this bill.

Mrs. Smith. Admiral Swanson, do you want to say anything more

on this bill?

Admiral Swanson. No.

Mrs. Smith. Thank you very much, Admiral.

Mrs. Smith. Mr. Bates. Mr. Bates. I want to ask Lieutenant Commander Young, are you a graduate of the so-called accredited school?

Commander Young. No, sir.

Mr. Bates. Under the provisions of the Army bill you couldn't possibly qualify for commission?

Commander Young. Not after the integration period.

Mr. Bates. As the Navy bill now stands, men who are in a similar position to what you were, say, 10 years ago and who followed your course down through the years and qualified, they will be in position to qualify for commission?

Commander Young. That is right, sir.

Mr. Bates. You are keeping the doors open, but men of your type could not possibly qualify for commission in the Army under the

Army bill.

Commander Young. That is right. I feel part of that is brought about by the fact that they do not have any specific training for their medical soldier after he has been in for quite some time. We start in early.

General Kirk. I can't agree to that.

Mr. Durham. Madam Chairman, I suggest that the House is in session.

Commander Young. The only thing I say—it is not criticism of the Army program-but the Army has no preparatory course to put

an enlisted man in.

Mr. Bates. Do you think you will have all the facilities and there will be opportunity for a boy in the enlisted status, the same as the commander was in the Navy, to give him the same training as resulted in the qualification of this man, for the high-ranking position of lieutenant commander, probably commander, as time goes on, in the Navy?

Colonel Kintz. I think it is demonstrated by the fact that during the war many of our enlisted men were highly qualified and were given temporary commissions, and carried on and did a marvelous job as officers, having previously served in peacetime as enlisted men.

Mr. Bates. That same condition will exist from now on, excepting

the door will be closed against them under this bill.

Colonel Kintz. He still can get a commission if he has the educational requirements.

Mr. Bates. But he can't get a commission if he has the require-

ments of that man [indicating Commander Young].

Commander Young. I came in as hospital apprentice second class. Mr. Durham. So did I. We must take an examination equivalent to that passed by students of Princeton University.

Mr. Bates. I think the standards ought to be maintained.

Admiral Swanson. I have here, Madam Chairman, something that I think very interesting, for the record, and also for the members of this committee. A sample of what happens, how we train our people. Mrs. SMITH. Without objection, it will be included in the record. (The material referred to above is on file with the committee.)

EDUCATIONAL AND TRAINING PROGRESS OF AVERAGE PERSONNEL FROM ENLIST-MENT TO COMMISSIONED STATUS

APPRENTICE SEAMAN

Career in the United States Navy begins with enlistment as apprentice seaman at United States naval recruiting station. Average age of recruit at time of enlistment is 19 years.

Prior to acceptance for enlistment, recruit is given general classification test to determine whether or not be meets the educational requirements for enlistment.

Further, he must be found physically and morally qualified according to naval

Transferred from recruiting station to a Untied States naval training station for

3 months of recruit training.

At the training station, recruit is given an aptitude test to determine branch of naval service for which best suited. He is also screened by a board of psychologists. If deemed suitable for the Hospital Corps, he is further screened by a board of medical officers and Hospital Corps officers to determine aptitude for the Hospital Corps. Every applicant for the Hospital Corps must be a high-school graduate.

SEAMAN SECOND CLASS

Upon completion of recruit training, advanced to seaman second class. Transferred to United States Naval Hospital Corps school for a 6 months' course of basic instruction in the following subjects:

Anatomy and psychology Elementary chemistry Hygiene and sanitation

Materia medica and toxicology Minor surgery and first aid Nursing and dietetics Bacteriology and elementary laboratory Pharmacy and metrology

HOSPITAL APPRENTICE SECOND CLASS

Rating change of hospital apprentice second class upon graduation from Hospital Corps school.

Transferred to a naval hospital for duty and further instruction, both practical

and classroom.

technique

While performing duty and receiving practical instruction under direct supervision, he is rotated between the various wards, operating rooms, dressing rooms, offices, and laboratories every 3 months, and receives a minimum of 4 hours' classroom instruction each week, 1 hour a day on four different days.

Successfully completed examination for advancement to hospital apprentice

first class after 9 months' service in rating of hospital apprentice second class.

HOSPITAL APPRENTICE FIRST CLASS

Advanced to hospital apprentice first class.

Continues to receive practical instruction under supervision of trained personnel and classroom instruction. 4 hours weekly, 1 hour daily, on four different days and rotation on various types of duties.

Has now served 18 months on duty in a naval hospital. Transferred to duty at

sea on board a capital or hospital ship, or a foreign-duty activity.

Continues practical duty training under strict supervision under rotation schedules and classroom instruction of 1 hour daily for 4 days of each week.

Successfully passed examination for advancement to pharmacist's mate third

Receives daily instruction in battlestation duties and rating subjects.

PHARMACIST'S MATE THIRD CLASS

Advanced to pharmacist's mate third class.

Having served 24 months' duty on various types of ships and thoroughly acquainted with this type of duty, transferred to duty at a naval hospital, or United States shore station.

Detailed in various wards as senior ward corpsman.

Examined for advancement to pharmacist's mate second class.

After serving 1 year on capital ship, hospital ship, or foreign duty at a major activity, is assigned to a smaller ship or overseas base, where practical and classroom instructions are continued, providing he reenlists or extends enlistment.

After 24 months' sea or foreign duty, is returned to the United States for shore

duty. Instructions, both practical and classroom, are continued.

PHARMACIST'S MATE SECOND CLASS

Advanced to pharmacist's mate second class.

Forty percent of the enlisted Hospital Corps men receive 6 months' training at naval hospital in technical specialties, such as—

Property and accounting Clerical procedures Commissary X-ray Laboratory—pharmacy, chemistry, physio, and aviation.

Upon completion of this training, he is classified as a technician in this technical specialty and is assigned to duty where classroom instructions are continued.

Receives 4-month course of instruction at intermediate school in advanced Hospital Corps duties and Medical Department administration aboard naval vessels independent of a medical officer.

Transferred to sea or foreign shore station as a technician.

Receives practical experience in specialty as well as routine duties of his rating.

After 24 months' sea or foreign shore duty, transferred to a naval hospital or
United States shore station.

Having served 30 months as pharmacist's mate second class, completes examination for advancement to pharmacist's mate first class successfully.

PHARMACIST'S MATE FIRST CLASS

Advanced to pharmacist's mate first class.

Transferred to sea duty independent of a medical officer on one of the following types of naval vessels:

Submarine Destroyer Minesweeper Minelayer Amphibious craft Seagoing tugs

Duty aboard this type vessel consists of administrative duties as well as care and treatment of the sick and injured.

After 24 months of independent duty, transferred to a naval hospital or United

States naval shore station.

After serving as pharmacist's mate first class in an outstanding manner for a period of 24 months, he may request permission to take examination for warrant pharmacist through his commanding officer, who must recommend the candidate, stating he would be more than satisfied to have the candidate serve under his command as a warrant pharmacist. This examination is competitive against all candidates throughout the naval service. Selections are then made from the successful candidates who completed the examination with the highest multiple, to fill existing vacancies.

Successfully passes competitive examination for warrant pharmacist.

WARRANT PHARMACIST

Appointed warrant pharmacist.

Transferred to naval school of hospital administration for officers for a 10-month course of instruction in the following subjects:

Civil readjustment

Maintenance methods

Military and physical drill

Naval administration
Hospital and personnel administration
Property and accounting
Commissary administration

Commissary administration

Naval law and procedures and applied commercial law

Business English

Regional Navy safety and industrial health.

Public speaking

Upon graduation from this school, transferred to a naval hospital or other major medical department activity for duty as assistant in finance, property and accounting, personnel administration, commissary administration or maintenance.

Having served satisfactorily as a warrant pharmacist for a period of 19 months, may request permission to take examination for commissioned rank through his

commanding officer who must recommend the candidate, stating he would be more than satisfied to have candidate serve under his command as a commissioned officer.

Successfully passes competitive examination for commissioned officer.

ENSIGN

Commissioned an ensign in the Hospital Corps.

Performs any of the following administrative duties ashore or afloat with the Medical Department of the Navy:

Personnel officer Medical records officer Maintenance officer Commissary officer Civil readjustment officer Property officer Finance officer Transportation officer Welfare and recreation officer.

Mrs. Smith. The Chair has several letters for the record. Without objection, they will be included in the record.

(The letters above referred to are as follows:)

DEPARTMENT OF PHYSIOLOGY. CORNELL UNIVERSITY MEDICAL COLLEGE, New York 21, N. Y., February 14, 1947.

Hon. MARGARET CHASE SMITH,

Chairman, Subcommittee on Hospitalization, House of Representatives, Washington, D. C.

Dear Mrs. Smith: I have heard that on or about February 17 your subcommittee will discuss bill, S. 334 (H. R. 1603), to establish the Medical Associated Sciences Corps in the Medical Department of the Navy. I am greatly interested in this bill, and I would be glad to appear before your subcommittee if you so desire.

It so happens that I have a great deal of first-hand knowledge regarding this situation. As a member of the United States Naval Reserve I served in the Bureau of Medicine and Surgery during World War I and was in charge of the Research Division concerned with gas warfare, submarine ventilation, and aviation. In the Second World War, I served in the same Research Division of the Bureau of Medicine and Surgery in connection with aviation medicine and air sea rescue. Between wars, as a civilian, I was professor of medicine at Cornell University Medical College in New York City and later professor of physiology.

In World War I, work in connection with gas warfare, submarines, and aviation was terribly handicapped by our inability to give commissions to scientists with a doctor of philosophy degree. In World War II, the condition was greatly improved by commissioning doctor of philosophy's in the Naval Reserve. It is evident that the services of these scientists are needed in the peacetime Navy and that there would be great advantages in establishing the Medical Associated

Sciences Corps as outlined in the bill.

If you would care to have me appear before your subcommittee, I can be reached at my home: 1215 Park Avenue, New York 28, N. Y. (telephone: Atwater 9-7040). Today I happen to be in Washington attending a meeting at the United States Public Health Service.

Respectfully yours,

EUGENE F. DUBOIS, M. D., Professor of Physiology, Cornell University Medical College.

> THE UNIVERSITY OF ROCHESTER, School of Medicine and Dentistry, Rochester, N. Y., February 17, 1947.

The Honorable Mrs. Margaret Chase Smith,
Chairman, Subcommittee on Hospitalization, Health (Medical Corps),
United States Congress, Washington, D. C.

Dear Madam: I am writing you in support of bill, S. 334 (H. R. 1603), presented by the Navy for the establishment of a Medical Associated Sciences Corps which will make possible the commissioning of men with the doctor of philosophy degree on the same basis as men with the doctor of medicine degree.

From the point of view of the progress of medical science in general, this is quite as important as it is from the point of view of the needs of the naval service and naval laboratories. Progress in medical research does not come from the efforts of medical men alone but is broadly based upon the borderland sciences where the newer knowledge of physics, chemistry, and biology is being applied to medical problems. During the 4 years of study for the doctor of medicine degree, it is not possible to obtain as much training in these basic sciences as is desirable for many fields of medical research. Conversely after receiving the doctor of philosophy degree it is not always economically possible to spend the additional time necessary for the doctor of medicine degree so that the graduates of this discipline are usually deficient in clinical knowledge. Their training has nevertheless been just as intensive as that of the doctors of medicine and their potentiality for contributing

to medical science is equally great, other things being equal.

Medical science would lose enormously if this category of young men failed to receive adequate recognition. Under present conditions, they receive from society in general far less both of salary and of prestige than their colleagues with the doctor of medicine degree. It is very encouraging therefore to find that the Navy has recognized the practical value of this type of training, and I sincerely hope that Congress will add its stamp of approval by enacting this bill. I am hopeful that it will set a pattern for similar action by other organizations. A single stereotyped training for all men, like the training required for the doctor of medicine degree, is not conducive to the introduction of new ideas and new techniques and the medical fraternity would suffer much if it allowed itself to become a closed shop. Additional opportunities for service for men with the doctor of philosophy degree will greatly increase the number of students who will subject themselves to this type of training in the future. These will be the men who are interested in medical research rather than medical practice and who do not care to spend the better part of two extra years in purely clinical work when this time might be better spent in extending their mastery of the basic sciences.

During the war, I have known of many cases of men with the doctor of philosophy degree in the service who were bitterly discouraged because men with the doctor of medicine degree of lesser training, seniority, and accomplishments were consistently given preferment in promotions and responsibility. Over half of the 1,000 members of the American Physiological Society hold the doctor of philosophy degree, and many of them served as scientists in the armed forces during the war and experienced this type of discrimination. As president of that society this year, therefore, I believe that I can speak for its members in endorsing

the bill now presented to you by the Navy.

Wallace O. Penn, Ph. D.,
Professor of Physiology and President, American Physiological Society.

THE UNIVERSITY OF CHICAGO DEPARTMENT OF MEDICINE, Chicago 37, Ill., February 18, 1947.

The Honorable Margaret Chase Smith,

House of Representatives, Committee on Armed Services, House Office Building, Washington, D. C.

Dear Madam: I have read Senate bill No. 334 (H. R. 1603), to establish the Medical Associated Sciences Corps in the Medical Department of the Navy, and for other purposes, and, as a representative of the medical profession particularly interested in fundamental research, it is my opinion that measures of this sort are essental for the creation of the best type of medical services for our armed forces.

We learn from every war that this type of structure is always set up after long delays and many fumblings so that before new and effective medical care can be made available to our armed forces, there has been much waste of time. It this bill is enacted, it should provide an ever-present nucleus from which to build in time of emergency, but, more important, it will place medical services of the military forces on a much higher plane and thus will be more attractive to the medical leaders during peacetime.

For these reasons I wish to recommend favorable action on this bill.

Very sincerely yours,

L. T. COGGESHALL, M. D., Chairman, Department of Medicine.

University of Illinois, Chicago 12, Ill., February 21, 1947.

Re bill S. 334 (H. R. 1603) to establish the Medical Associated Sciences Corps in the Medical Department of the Navy.

Mrs. Margaret Chase Smith,

Chairman, House of Representatives, House Office Building, Washington, D. C.

Dear Mrs. Smith: I am writing in support of the bill to establish the Medi-

cal Associated Sciences Corps.

During the war I was Chief Scientific Director of the Naval Medical Research Hence, I am well acquainted with the problems of naval medical research and the need for personnel for conducting this research; perhaps, better

acquainted with these problems and needs than any civilian scientist.

I support the bill for the following reasons: (1) The Navy has almost unsurpassed means and laboratories for placing research workers in contact with actual problems aboard ship, in aircraft, or at training stations and bases beyond To accomplish this research effectively and efficiently the research worker needs to be in uniform; (2) the research worker only as a commissioned officer, regardless of any arguments to the contrary, can become acquainted with the problems in the field and develop the necessary motivation for satisfactory progress. It should be obvious that it is not easy to work on or intimately with a uniformed organization without being in a uniform; (3) at the present time these persons with the Ph. D. degree, which signifies adequate preliminary training the research as the M. D. degree signifies adequate preliminary training for the practice of medicine, do not have the standing, recognition, and opportunity for advancement which is justified by their training; (4) in medical schools and pharmaceutical concerns a person with a Ph. D. degree in one of the basic medical sciences has frequently the opportunity to start at as high a wage and to advance to as high a salary as an M. D. This is not true in the Navy under present conditions. Unless a recent graduate with the Ph. D. degree receives as much salary as is equivalent to that of lieutenent (jg), the Navy will not be able to compete.

I know the above statements to be true because I have tried to persuade men

with the Ph. D. degree to remain in the Navy under existing conditions.

Yours sincerely,

A. C. IVY, PH. D., M. D., Vice President.

Mrs. Smith. Without objection the committee will adjourn to the call of the Chair at which time we will start reading the bills.

> House of Representatives, COMMITTEE ON ARMED SERVICES. SUBCOMMITTEE No. 9, HOSPITALIZATION, HEALTH (MEDICAL CORPS), Wednesday, March 12, 1947.

The subcommittee met at 10 o'clock a. m., Hon. Margaret Chase Smith (chairman) presiding.

Mrs. Smith. The committee will come to order.

I believe there are two or three brief statements to come in this morning, relative to H. R. 1982.

General Kirk, did you have someone who was to be heard?

General Kirk. Madam Chairman, we have two young officers that have been integrated into this Medical Service Corps, one a pharmacist and one a sanitary engineer, who served with us during the war. They have been integrated into the Pharmacy Corps, as a vehicle to the Medical Service Corps.

If you would care to hear their thoughts concerning their experience

and the bill, we would be glad to have you listen to them.

Mrs. Smith. Thank you; I am sure the committee will be very much interested in what they have to say.

Will you call them, please? Colonel Kintz. Major Aabel.

Madam Chairman, Major Aabel is a Regular Army officer, who was integrated in the last integration. He is a graduate pharmacist.

Mrs. Smith. Major Aabel, will you give your name to the reporter,

please?

Major Aabel. Madam Chairman, and members of the committee, my name is Maj. Bernard Aabel. I am a major in the Regular Army Pharmacy Corps.

Mrs. Smith. All right, Major.

STATEMENT OF MAJ. BERNARD AABEL, PHARMACY CORPS, U. S. ARMY

Major Aabel. I came on active duty as a Reserve officer in the Medical Administrative Corps in 1941. In July of last year, through the integration program, I became a Regular Army officer, in the Pharmacy Corps. I am at the present time in the Military Personnel Division of the Surgeon General's office. My job is to classify and assign all the members of the Sanitary, the Pharmacy, and the Medical Administrative Corps. I have been 5 years in the field, as a company commander, a staff member of a medical battalion, as well as an Army headquarters, but spent most of my time with a medical group which handled 250,000 patients in the European campaign. This same medical group had 8,000,000 ambulance miles on their ambulances during that campaign. We had as high as 2,500 medical personnel under us during that time, which included collecting, ambulance, and clearing companies, medical battalions and field hospitals, not to mention such heterogeneous units as quartermaster and transportation companies, the latter units helping us get medical supplies up front and getting our patients back.

I just wanted to give my individual and personal reaction to this Medical Service Corps bill and tell why I am interested and satisfied

with it.

In my job of classifying and assigning these various officers, the requisitions that come in for these officers from the various units come in by MOS number, which is illustrated on the chart, and which

has been on view before this committee all this time.

Units ask for a specialist at all times. If a requisition comes in from an overseas theater or from a hospital, it also asks for a man by his MOS number, that is, his military occupational specialty number. If they ask for a 2252—that is a clinical psychologist, for instance—those men, like most of the others in this corps, are very highly trained men that are used for a specific purpose.

Mrs. Smith. Whom do you mean when you say "they"?

Major Aabel. I beg your pardon?

Mrs. Smith. Whom do you mean when you say "they"?

Major Aabel. Units requisitioning various members of the Medical

Service Corps.

Now, from working with these various personalities, I have come to know the qualifications and the requirements of all the units requisitioning officers, and I feel, at a time when the functions of the Army and Navy are being consolidated, it is only appropriate that the three

corps, that is, the Medical Administrative, the Sanitary, and the Pharmacy Corps, also be consolidated into this Medical Service Corps,

I personally think it will work.

In speaking to the various men that belong to these three corps, we feel that we do not want to be in a substandard corps that belongs to such a highly skilled and specialized part of the armed forces as the Medical Department. Doctors, with 8 years of education; dentists, with 6 years, and veterinary, with 6 years, are all highly skilled personnel, as the members of the committee also recently found out about the nurse corps.

We do not care to be a member of a substandard corps of the Medical Department. This is a Regular Army corps, and it will be the nucleus of any wartime expansion. It calls for a high type of leadership and

specialization of the highest order.

Because the Army in wartime is the biggest business in the world and because this corps will be a part of it, I personally feel that we should have the highest type of men that are available. For instance, 30 percent of these people will be in Medical Supply. The normal month's business of Medical Supply during the war would fill a freight train 50 miles long. It is big business. Men from big business were recruited and production methods of big business were adopted.

For that reason, through work measurements and standards and by mass production and assembling, the Medical Department was able to get a 32 percent reduction in personnel and a 25 percent reduction in space requirements at a time when the work load itself increased

20 percent.

The pharmacy profession have a corps now. They do not, of course, care to give it up. However, through months of negotiation and liaison with these people, they have subjugated their personal desires and

have gone along with this bill the way it is now initiated.

The pharmacist, because of his background of 4 years of specialization in just one part of medicine, has a good background, for instance, in Medical Supply. He knows every item in a very thick medical supply catalog. He knows where those drugs came from, what the dose of them is, and how they should be stored. At a time when operations range from the Arctic to the Tropics, millions and millions of dollars of supplies are dependent, for instance, on just the one item of how they are stored. Most of them have to be stored at certain temperatures, under certain conditions.

The pharmacist, also with his medical background, makes an excellent man in the administration of a hospital, to act, for example, in the job of medical registrar, where he has charge of all the records that the doctors make on all the patients. He also has an excellent background for command and training, where the highest type of personnel

is needed.

Now the pharmacist with all these other specialties—bacteriologist, biochemist, parasitologist, serologist, entomologist, nutrition officer, optometrist, clinical laboratory officer, toxicologist, clinical physiologist, psychiatric social workers, and sanitary engineer, makes a team which will be an adjunct to giving the American soldier medical care, to the extent where during the war 96 out of every 100 combat casualties that entered a hospital lived.

That is all, Madam Chairman.

Mrs. Smith. Thank you, very much.

Mr. Anderson, do you have any questions?

Mr. Anderson. No questions.

Mr. Durham. May I ask the major a question?

Mrs. Smith. Mr. Durham.

Mr. Durham. Major, you made a fine statement. Major Aabel. Thank you.

Mr. Durham. I appreciate it. Major AABEL. Thank you.

Mr. Durham. Now, you believe the basic education is a requirement to carry out the duties as outlined in this section, do you not?

Major Aabel. Yes, sir. Mr. Durham. That is all; thank you.

Mrs. Smith. Mr. Rivers, do you have any questions? Mr. Rivers. What do you mean by that?

Major Aabel. In the Regular Army, which will be the nucleus of a wartime Army, the highest type of individual is needed. The Army sends men to West Point and educates them. The Medical Department, because of their specialization, takes men from medical schools,

dental schools, veterinary schools, and so forth.

In order to supplement this with our corps, we feel that college graduates with backgrounds of sciences related to medicine should also be brought into the corps, and have a background previous to coming into the corps, so they would be on an equal footing with other members of the Army who have college educations and are also part of that same medical department.

Mr. RIVERS. Let me ask you a question. I, too, think you made a

very splendid statement, sir.

Major Aabel. Thank you.

Mr. RIVERS. What is your background? Are you a graduate pharmacist?

Major Aabel. Yes, sir, I am.

Mr. Rivers. And how long did you say you were in the Army? Major Aabel. This is the end of my sixth year in the Army, on active duty.

Mr. RIVERS. And you practiced—

Major Aabel. I have also been a Reserve officer, in both the Coast Artillery Corps and in the Medical Administrative Corps, since graduating, in 1932.

Mr. RIVERS. That is all. Mrs. Smith. Mr. Philbin? Mr. Philbin. No questions.

Mrs. Smith. Thank you very much, Major.

Mr. Durham. Just a moment; I would like to ask another question.

How did you get into the service, Major Aabel?

Major Aabel. I got in the service as a Reserve officer. I became a Reserve officer because I was a college graduate of pharmacy, with a 4-year degree of B. S. in pharmacy.

Mr. Durham. Then, you do think the basic education is a requirement, to carry out the duties as outlined in this section?

Major Aabel. Yes, sir. Mr. Durham. That is all. Mrs. Smith. Thank you. Major Aabel. Thank you.

Mrs. Smith. General Kirk, did you have another gentleman to be heard?

General Kirk. Yes, Madam Chairman. He is an officer of the Regular Army now, who was a sanitary engineer during the war, and who has been integrated and is commissioned in the Regular Army.

Mrs. Sмітн. All right.

Colonel KINTZ. Major Baty.

Mrs. Smith. Will you please give your name to the reporter?
Major Baty. Madam Chairman, and members of the committee,
my name is James B. Baty.

Mrs. Smith. All right, Major Baty.

Major Bary. I am a major in the Pharmacy Corps, United States Army.

STATEMENT OF MAJ. JAMES B. BATY, PHARMACY CORPS, UNITED STATES ARMY

Major Baty. I am presently assigned to the Office of the Surgeon General, in the War Department, with specific duties in the Sanitary

Engineering Section of the Preventive Medicine Division.

I reported for active duty in the Sanitary Corps, Army of the United States, on June 15, 1942, from Reserve Corps status; and, I have been on duty continuously since that date, having been integrated into the

Regular Army in July 1946.

I am a sanitary engineer by profession, with 17 years' civilian experience in that profession since graduation in civil engineering from Texas A. & M. College in 1925, and before entering the Army. That 17 years included 2 years of postgraduate study in sanitary engineer-

ing at Cornell University.

In giving my personal reaction to this bill, I should like to state that I applied for and accepted a commission in the Regular Army, because an expressed need for sanitary engineers exists in the Regular Army Medical Department and I had a desire to be a part of that organization. I believed that I would be happy with a career in the peacetime Army, if given the opportunity to serve the Army in my professional capacity.

I believe that the Medical Service Corps bill under consideration, if made law, can be made workable for the good of the Army and for the protection of the professional integrity of the members of each individual group concerned, if its provisions are put into effect in accordance with its intent, and the intent of General Kirk and the

present Medical Department.

That intent, I understand, is to assign duties to each group in relation to their own professional training and experience. I believe that the bill provides for the establishment of regulations and policies to

carry out this intent.

Personally, I would desire to see the educational standards of the entire corps on a high level, in line with or approaching that of the other corps in the Medical Department. This means a college degree for all who are to be commissioned in the Medical Service Corps in the future.

I would desire also to see graduate study for those in the Medical Allied Science Section encouraged by the Medical Department, and recognized and credited toward promotion for those who have attained such higher education before being commissioned.

Mrs. Smith. Thank you very much, Major.

Do you have any questions, Mr. Anderson?

Mr. Anderson. No, ma'am. Mrs. Smith. Mr. Rivers?

Mr. RIVERS. No.

Mrs. Smith. Mr. Durham?

Mr. Durham. Just one question, Major. You raised the point there that you hoped that this group would be permitted to continue further study of graduate work. I understood, of course, that that will be done.

Major Baty. Yes, sir; I believe that is right.

Mr. Durham. As far as possible; isn't that correct, General Kirk?

General Kirk. Yes, sir.

I believe there are a couple of officers in the Medical Service Corps going to school now; isn't that right?

Major Baty. Yes, sir.

General Kirk. Would you explain that?

Major Baty. Yes, sir. We have two sanitary engineers, who were commissioned in the Regular Army last summer, presently at Johns Hopkins University taking graduate work. That is evidence of the intent of General Kirk and the Medical Department to raise the educational standards of this group.

Mr. Durham. Of course, it is the intent of this group to do a lot of research work, and it would be almost necessary to continue graduate work, or further work in whatever field it happened to be, whether

it is pharmacy, bacteriology, or any of the other sciences.

Major Baty. Yes, sir.
Mr. Durham. Thank you very much.
Major Baty. Thank you.
Mrs. Smith. Mr. Philbin? Mr. Philbin. No questions.

Mrs. Smith. Thank you very much, Major.

Major BATY. Thank you.

Mrs. Smith. General Kirk, do you have anyone else? General Kirk. I believe not, Madam Chairman.

Mrs. Smith. Do you have anything you wish to add at this time,

General Kirk. Madam Chairman, we suggested that these men speak this morning, to let you see the type of men that we have integrated and hear what they think about the Medical Service Corps.

This officer that just spoke is an engineer who carried on his work up along the Alaska Highway and elsewhere in the cold country, work that had to do with water supply, disposal of waste, and other things that are necessary as part of our preventive medicine program.

Mrs. Smith. I am sure we don't have to worry, if all the men are

like the two young officers appearing with you this morning.

General Kirk. These are two officers who have recently been integrated. They are working in my office, being assigned there as other officers are, and I thought it might be well to have them tell you their story. It wasn't a story that we wrote for them.

Mrs. SMITH. Thank you.

Now, Admiral Swanson, do you have anyone that you want us to hear this morning-

Admiral Swanson. No.

Mrs. Smith. Or any further statements?

Admiral Swanson. No, ma'am.

Mrs. Smith. Are there any other statements to be made, before we proceed to a reading of these bills?

(No response.)

Mrs. SMITH. At this time I would like to include the brief of Dr. Lester A. Walsh in behalf of chiropodists. Without objection, it is so ordered.

NATIONAL ASSOCIATION OF CHIROPODISTS.

DEFENSE COMMITTEE

Wilmington, Del.

A chiropodist is one who is licensed by law to treat medically, surgically, mechanically, or otherwise all ailments and conditions of the lower extremities. The educational requirements for the practice of chiropody are 2 years of liberal arts and sciences and 4 years of chiropody to obtain the degree of doctor of surgical chiropody.

We respectfully submit the following reasons why the chiropody profession should be included in H. R. 1982 as part of the medical service that will be available to the men and women in the Army:

It is a well-known fact that foot conditions are among the first five causes for disability discharge in the Army. Foot conditions are also responsible for a tremendous number of man-hours lost. In 1939 there were 78,301 man-hours lost due to foot conditions (Surgeon General's records).

II

Chiropodists were and are still commissioned in the Navy. These men rank from ensign to full commanders. The Medical Department of the Navy has stated such foot service has been a valuable adjunct to the Navy's medical service.

III

During the war period many thousands of officers and men in the Army had to come to the officers of various chiropodists throughout the country for foot treatment. These men had to wait for leave or furlough to get the type of foot treatment that was unavailable in the service. In most cases such treatment was given free of charge by chiropodists.

In private practice many thousands of physicians refer foot cases to a chiropodist for treatment. During the war period many of these physicians were called into service. These physicians had to treat foot cases that they formerly referred to a specialist. These doctors now discharged, have remarked how much they missed the chiropodists' services in the Army.

The chiropodist keeps his patients ambulatory because he has been especially trained in the fine detail of foot efficiency. In time of war it is vitally essential to keep man power at its peak of physical fitness. This is impossible when so many men suffer with foot conditions with which the physician is unable to cope.

VI

The American Medical Association saw fit to recognize the chiropody profession as the youngest branch of medicine. It was stated that chiropody filled a gap neglected by medicine. Nurses, dictitians, physio-therapists and others were commissioned in the Army. We ask the same consideration.

*Proper foot care administered by chiropodists during the basic training of a soldier would not only increase his foot fitness but prevent the great number of men placed on limited service. One of the reasons for the large number of men on limited service was foot conditions developed during the intensive course of basic training. It would also cut down the number of medical discharges given for foot conditions.

Our Government is paying many thousands of dollars in postwar periods to men who developed foot trouble while in the service. This needless expense may be averted in the future by installing proper foot care as part of the Army medical service.

IX

If chiropodists were on examining service in the induction stations, many men with foot problems (actual or embryonic) would be put on limited service until such conditions were treated and corrected. These men could then go into active

In conclusion we respectfully petition the Congress to include chiropody in the

Medical Auxiliary Corps.

LESTER A. WALSH, D. S. C. Chairman, Committee on Military Affairs, National Association of Chiropodists.

Mrs. Smith. If there is no one else to be heard, then we will start with a reading of these bills.

It is the hope of the committee to do as much as we can toward bringing these bills together. We will start reading H. R. 1603.

Captain Nunn. Do you wish anyone else to be at the table?

Mrs. Smith. Do you have any amendments?
Captain Nunn. I think Admiral Swanson may wish to inject some material, Madam Chairman. There are some amendments.

Mrs. Smith. All right, Admiral Swanson.

Captain NUNN. Madam Chairman, this is H. R. 1603, a bill to establish the Medical Associated Sciences Corps in the Medical Department of the Navy, and for other purposes.

Section 1:

Re it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there is hereby established the Medical Associated Sciences Corps, which shall be a constituent part of the Medical Department of the Navy and which shall consist of not more than two hundred and five officers of the grade of Medical Associated Scientist. Officers of the grade of Medical Associated Scientist shall have the rank of captain, commander, licutenant commander, licutenant, or licutenant (junior grade), and such officers shall be part of the authorized strength of the various corps of the Medical Department as now exists or may hereafter be established.

Mr. RIVERS. The counterpart of the Army would be the Medical Service Corps?

Captain Nunn. Yes, sir. They have a section in their bill which would provide for an equivalent group in the Army.

Mr. RIVERS. I see.

Captain NUNN. Madam Chairman, shall I suggest amendments as I take each section?

Mrs. Smith. If you will, Captain Nunn, section by section. Captain Nunn. I suggest that section 1, which I have just read, be amended to read as follows:

That there is hereby established the Medical Associate Sciences Corps which shall be a constituent part of the Medical Department of the Navy, and shall consist of officers of the grade of Medical Associate Scientist. Such officers shall have the rank of captain, commander, lieutenant commander, lieutenant, lieutenant (junior grade), or ensign. The total number of such officers shall not exced five per centum of the authorized strength of the Medical Corps of the Navy, and shall be part of the authorized strength of the Medical Corps of the Navy as it now exists or may hereafter be established.

The purpose of this proposed change is, first of all, to change the name of this corps from "Medical Associated Sciences Corps" to "Medical Associate Sciences Corps," as being a more descriptive title for this group; also to change the strength of the corps from the numerical basis of 205 to a percentage basis of 5 percent of the strength of the Medical Corps of the Navy.

Mrs. Smrth. Now, am I right, Admiral Swanson, in understanding

that that 5 percent is to come out of the number of doctors?

Admiral Swanson. That is correct, Madam Chairman.

Mrs. Smith. So that you reduce your number of doctors by 5 percent, in order to set up this separate corps for the scientists?

Admiral Swanson. That is correct.

Mrs. Smith. And there isn't any way of having that set up in the Medical Corps, rather than having a special corps, such as this?

Admiral Swanson. No. This should be set up as a separate corps;

Admiral Swanson. No. This should be set up as a separate corps; the members of this Corp will not be engaged in the practice of medicine; that is, they will not treat patients.

Mrs. Smith. How many of your doctors are now in this work, of

carrying on scientific research?

Captain Hakansson. There are about 30 or 35.

Mrs. Smith. What percentage would that be? Would that be

anywhere near your 5 percent?

Admiral Swanson. At the present time we have about 3,500 medical officers in the Navy. I can get the exact figures, if you wish.

Mrs. Smith. My concern is: By reducing the doctors by 5 percent will patients be neglected? Do we have enough doctors to set aside 5 percent for research, Admiral?

Admiral Swanson. I believe we can do it.

Mrs. Smith. Without hampering the medical service of the doctors?

Admiral Swanson. Well, at the present time we are far below our authorized complement. There is a shortage of doctors in the Navy.

Mrs. Smith. Because you can't get them?

Admiral Swanson. That is correct.

Mrs. Smith. Mr. Andrews, do you have any questions on this amendment?

The CHAIRMAN. No. Mrs. Smith. Mr. Rivers?

Mr. RIVERS. Let me ask you there, Admiral, in response to Madam Chairman's question, is it setting aside 5 percent of the doctors, or diminishing the number by 5 percent, to take care of these associate scientists?

Admiral Swanson. It is diminishing the number of doctors by 5

percent.

Mr. RIVERS. So they won't be M. D.'s; they will be doctors in other fields?

Admiral Swanson. Yes. They will be doctors of philosophy or science.

Mr. RIVERS. But some may be doctors.

Admiral Swanson. Oh, ves; they could be doctors.

Mr. RIVERS. Yes.

Admiral Swanson. We have some doctors that have both a Ph. D. and M. D.

Mr. RIVERS. Thank you. Mrs. Smith. Mr. Bates?

Mr. BATES. No.

Mrs. Smith. Mr. Durham?

Mr. Durham. It would cover all the sciences, wouldn't it, Admiral? Admiral Swanson. It would cover all the sciences that we have the

need for in Medical research.

Mr. Durham. So, I don't see where that would trouble you very much, because the larger percentage of this is going to be in the related sciences, anyway, if I understand the composition of your corps, isn't that correct, Doctor?

Captain Hakansson. I didn't quite get that question, sir. Mr. Durham. I say, there will be more of these people in the related sciences than there will be ordinary practicing physicians or doctors of medicine, because this bill covers all the related sciences. in this research group. So, why would the 5 per cent affect your physicians? Why would it affect them?

Admiral Swanson. May I answer that?

Mrs. Smith. Admiral Swanson.

Admiral Swanson. At the present time our authorized strength of medical officers is 4,315. If this bill is passed as written, 5 percent of that number would become medical associate scientists, which is 215. That would allow us 4,100 medical officers, rather than 4,315. of which 215 would be medical associate scientists.

Mr. RIVERS. Will the gentleman yield there?

Mr. Durham. Yes.

Mr. RIVERS. Therefore, those 4,100 doctors would be relieved of this work that they are now called upon to do by this 215 and they would have something else to do, isn't that right?

Admiral Swanson. That is correct; yes, sir.

Mr. RIVERS. So it wouldn't be diminishing it. Really, it would give them more time to do other things.

Admiral Swanson. In a way, because the doctors that we have

now doing research work could be put back into clinical fields.

Mr. RIVERS. Yes.

Mrs. Smith. Mr. Durham? Mr. Durham. That is all. Mrs. Smith. Mr. Anderson?

Mr. Anderson. No.

Mrs. Smith. Mr. Philbin?

Mr. Philbin. No questions. Mrs. Smith. Without objection, the amendment is adopted as read You have the copy of that amendment for the clerk, don't you, Captain Nunn?

Captain Nunn. Yes, Madam Chairman, I do. Mrs. Smith. All right, we will take Section 2.

Captain Nunn. Section 2 (reading):

Medical Associated Scientists shall be staff officers and shall be subject to all provisions of law now existing or hereafter enacted relating to the advancement in rank and retirement of officers of the Medical Corps. No officer of the Medical Associated Sciences Corps shall be entitled to command in the line, or any other staff corps of the Navy, nor shall any officer suffer reduction in pay or allowances by reason of appointment in accordance with this act.

Mrs. Smith. Do you have any amendment on that section?

Captain NUNN. Just to change the word "Associated" in lines 3 and 7, to "Associate."

Mrs. SMITH. Is that the best name you could find for that corps,

Admiral Swanson?

Admiral Swanson. We have had a considerable bit of discussion of that name. Originally this was called Medical Allied Sciences Corps. The Navy Department objected to the word "Allied," feeling that the word might be misconstrued.

Mrs. Smith. Are there any questions on section 2, Mr. Bates?

Mr. Bates. Captain Nunn, "nor shall any officer suffer reduction in pay or allowances by reason of appointment in accordance with this act"—what is that language in the section for? What do you anticipate may possibly happen that requires that language to be there?

Captain Nunn. An officer who is already employed as a doctor or otherwise in the Navy who transferred to this corps would not suffer any reduction in pay based upon previous service which he had accrued

prior to his entrance into this newly established corps, sir.

Mr. Bates. Do you anticipate you may have some difficulty along

that line, if you do not have this language in here?

Captain Nunn. Yes, sir, there might be cases. I don't know of any individual cases we contemplate at the moment, but there might — Mr. Bates. Give an example, as to what possibly may happen.

Captain Nunn. An officer who has been serving in the Naval Reserve as a medical officer and is on active duty and has completed, say, 10 years of service, who transferred to this newly created corps, under subsequent provisions of the bill, which I shall read later, would have his rights to longevity pay preserved upon transfer if this provision is in the bill, sir.

Mr. Bates. And he would not have if it was not in the bill?

Captain Nunn. He might conceivably lose some of his accrued advantages, sir.

Mr. BATES. All right.

Mrs. Smith. Any questions, Mr. Durham?

Mr. Durham. No.

Mrs. Smith. Mr. Philbin?

Mr. Philbin. How would be lose the advantages be might have accrued?

Captain Nunn. I beg your pardon, sir?

Mr. Philbin. How would be lose the advantages of his previous

service, under this bill, without that language?

Captain Nunn. He is entering a newly created corps, sir, and a thing that never existed before. We have not had its counterpart in the past, and we want to make certain that, through a possible decision of the Comptroller General or otherwise, he would not be cut off from any equity in longevity pay, for example, that he had built up.

Mr. Philbin. Well, these medical associated scientists have here-

tofore all enjoyed commissioned status?

Captain Nunn. Yes, sir; those that we have employed for this purpose have been commissioned officers.

pur pose have been commissioned officers.

Mr. Philbin. And as commissioned officers, they have the same rights that all other officers have?

Captain Nunn. Yes, sir.

Mr. Philbin. This is more or less of a saving clause?

Captain Nunn. Yes, sir, it is.

Mr. Philbin. To make sure that, in the transfer of this new group, they are not going to lose any of their rights. Captain Nunn. That is correct, sir.

Mrs. Smith. Will be transfer in the same rank and at the same pay? Captain Nunn. Madam Chairman, he will transfer in accordance with the bill of last year, which authorized us to transfer reservists into the Regular Navy. That is provided for later on.

Mr. RIVERS. May I ask this question-Mr. Philbin. I have another question.

Mrs. Smith. Mr. Philbin.

Mr. Philbin. Captain Nunn, these medical associate scientists,

how have they been selected generally in the past?

Captain Nunn. Mr. Philbin, we have not had this corps in the past. We have been engaged, in the past, in doing the type of work to a certain extent which these people will be called upon to do. In doing that work during the war, we employed medical officers or civilians or hospital corpsmen or others who had the qualifications, but were not in any separate corps, such as this bill would establish.

Mr. Philbin. In other words, you had both commissioned and

noncommissioned personnel doing this work?

Captain Nunn. I believe they were all commissioned.

Mr. Philbin. They were all commissioned?

Captain Nunn. Yes, sir; highly educated individuals.

Mr. Philbin. Did you have any percentage of these medical associate scientists working?

Captain Nunn. No, sir.

Mr. Philbin. This is the first attempt that you have made to establish a percentage for these medical associate scientists?

Captain Nunn. Yes, sir. They were employed in the past in

quantities as needed and as could be obtained.

Mr. Philbin. I see.

Captain Nunn. But no restriction placed on the number, because we were operating under temporary wartime authority, which permitted a very elastic treatment of that kind of thing.

Mr. Philbin. I see. That is all.

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. Captain, Mr. Philbin very aptly put this, as a saving clause. I think that is a good term for it. It guarantees to them all the rights and emoluments, as a result of transfer into the new organization.

Captain Nunn. Yes, sir.

Mr. Rivers. Because of a possible interpretation of the Comptroller General, as well as the Judge Advocate Ganaral?

Captain Nunn. Yes, sir.

Mr. Rivers. Doesn't it also guarantee to them the proper running mate?

Captain Nunn. Yes, sir.

Mr. RIVERS. So that is another thing?

Captain Nunn. Yes, sir.

Mr. RIVERS. It gives to them every possible and conceivable advantage, as a result of transfer, as it does to anybody else that is being integrated into the Regular service?

Captain Nunn. Yes, sir.

Mrs. Smith. Mr. Bates?

Mr. BATES. No.

Mrs. Smith. Admiral Swanson, do you ever have the full authorized strength of doctors in the Navy?

Admiral Swanson. No we do not. We are approximately 1,000

below the authorized strength now. Mrs. Smith. Is that usually true?

Admiral Swanson. No. We are a little below the usual.

Mrs. Smith. The thing I am concerned about is reducing the the number of doctors for this, rather than leaving the number of doctors as is and authorizing an additional 5 percent for a service corps.

Mr. Rivers. Of course, you wouldn't object to giving them 5

percent more.

Mrs. Smith. Not if needed, but I want to be sure that nothing happens to interfere with the care of our men.

Now, we hear from time to time that there is a move to increase the

pay of doctors. How would that affect these scientists?

Admiral Swanson. There have been bills prepared by the Army and by the Navy. These bills are now in the Bureau of the Budget. They affect only the Medical Corps.

Mrs. Smith. What would happen to a man if he was transferred to

the Medical Associated Sciences Corps?

Admiral Swanson. He would not be included.

Mrs. Smith. If he was a doctor and was under the—

Admiral Swanson. If he were in this corps, he would not be included.

Mrs. Smith. Then, he would be transferred and his pay would be reduced to the pay of the Science Corps, is that true?

Admiral Swanson. If he were in the Medical Associated Sciences

Corps, he would get the pay of a Regular Navy officer.

Mrs. Smith. Regardless of where he came from?

Admiral Swanson. That is correct.

Mr. Bates. Let us have that clearly understood. I think Madam Chairman had in mind asking you whether or not a medical doctor transferred into the Medical Associated Sciences Corps would receive the benefits of any increase in pay, as a result of any legislation. You don't want to leave the impression, Admiral, that that medical doctor—like the captain here—who will be assigned to the Medical Associated Sciences Corps would not be entitled to the benefits of any pay raise?

Admiral Swanson. Captain Hakansson and others in the Medical

Corps would not be transferred to this corps.

This corps, in its infancy, would have to be supplemented by medical

officers in some of its activities.

However, if any doctor chose to transfer from the Medical Corps and he had the requisite qualifications, he would then not get the benefits of the increased pay which is now being considered by the Bureau of the Budget.

Mr. Bates. Of course, it isn't very likely, under those conditions,

that he would volunteer to go into such a corps.

Mrs. Smith. Any further questions?

Mr. Durham. Yes. Pursuing that a little bit further, of course, Admiral, we must take into consideration any such increase in pay for the doctors certain applying to the scientists, because you are

losing them now and though there are several reasons why you are losing them it is primarily because of pay. I think it would be very unwise not to include them in any pay increase.

Admiral Swanson. Well---

Mr. Bates. That hasn't come before the committee yet.

Admiral Swanson. This hasn't even cleared the Bureau of the Budget yet.

Mrs. Smith. Are there any further questions on section 2?

(No response.)

No amendments. Without objection, section 2 is adopted as read.

Section 3, Captain Nunn.

Captain Nunn. Madam Chairman, it was suggested that we change the word "Associated" to "Associate", in lines 3 and 7.

Mr. Bates. I move that be adopted.

Mrs. Smith. Without objection, the amendment will be adopted.

Captain Nunn. Section 3 [reading]:

All appointments to the grade of Medical Associated Scientist shall be made by the President by and with the advice and consent of the Senate, and shall be from male citizens of the United States who shall have received a doctorate degree in such sciences related to medicine that the Secretary of the Navy shall determine.

I suggest an amendment to section 3, to make it read as follows:

All appointments to the grade of Medical Associate Scientist shall be made by the President, by and with the advice and consent of the Senate, and shall be from citizens of the United States who shall have received a baccalaureate or doctorate degree in such sciences related to medicine as the Secretary of the Navy shall determine.

This amendment is suggested in order that persons may enter the corps in the grade of ensign if they have achieved bachelors degrees in sciences which the Secretary of the Navy wishes to employ, and in order that they may enter the corps in the grade of lieutenant junior grade or above if they have achieved a doctorate degree in sciences. The word "male" is eliminated, to throw open the door for the employment of ladies in the event their employment is desired.

Mr. Durham. A good amendment.

Mrs. Smith. Thank you very much. Are there any questions Mr. Bates?

Mr. Bates. Yes.

Let us hear from you, Captain, as to why we are opening the door to the women.

Captain Nunn. I am not accurately advised, sir, as to whether there are some specific fields——

Mr. Bates. Did that suggestion come from the chairman of the committee here, I wonder?

Captain Nunn. I don't know, sir.

Mr. Durham. I can answer his question; because they have as much brains as men.

Mr. RIVERS. I feel like the chairman, that we ought to make them all doctors.

Mrs. Smith. Thank you very much.

Mr. Bates. She had already spoken to me about it, and I was wondering if you were a step ahead of me this morning, in making that suggestion.

Mrs. Smith. It is scientists we are after, and not men or women,

isn't it. Admiral Swanson?

Admiral Swanson. Yes; Madam Chairman.

Mr. Philbin. Along that line, will the lady yield? Mrs. Smith. Mr. Philbin.

Mr. Philbin. Do you already have ladies associated with the work of the scientists?

Captain HAKANSSON. Yes.

Mr. Philbin. Do you already have ladies doing this work?

Captain HAKANSSON. Yes, sir.

Mr. Philbix. Which it is contemplated to be performed by these medical associate scientists?

Captain Hakansson, Yes, sir. They were commissioned as Waves. During the war, we had at one research institute alone about 25. We have at this institute only one left. She has a Ph. D. and possibly would consider getting a commission in this corps if it was open for women.

Mrs. Smith. What is her rank, Doctor?

Captain Hakansson. She is a lieutenant now.

Mr. RIVERS. Would her getting married affect her status in this corps, under this law?

Captain Nunn. No, sir; not under this draft.

Mr. Rivers. She would no longer be a Wave, though?

Captain Nunn. No. sir. She would be in the Medical Associate Sciences Corps.

Mrs. Smith. Mr. Philbin, do you have any further questions?

Mr. Philpin. That is all.
Mrs. Smith. Mr. Bates, do you have any further questions?

Mr. Bates. Captain, you are very strongly in favor of thus suggested amendment that has just been made, that would permit you to commission women in the Associate Sciences Corps?

Captain HAKANSSON. I believe that it is safe to do so: there are not a few of them who are capable of doing independent research of the

highest caliber.

Mr. Bates. They did good work during the war.

Captain Hakansson. They did excellent work during the war. There is such a demand for research workers throughout the country that if women research workers be made available to the Navy, perhaps that would help us to fill the quota.

Mrs. Smith. Are there many women scientists in the country,

Doctor?

Captain Hakansson. There are relatively few, I believe.

Mrs. Smith. Any further questions, Mr. Bates?

Mr. BATES. No.

Mrs. Smith. Any further questions?

Without objection, section 3 will be adopted as amended and read. Section 4, Captain Nunn.

Captain Nunn. Section 4:

During the period that appointments to the Regular Navy may be made pursuant to Section 5 of the Act of April 18, 1946 (Public Law 347, 79th Congress, second session), no appointment to the Grade of Medical Associated Scientist shall be made except in accordance with the provisions of that Act.

Madam Chairman, the statute cited there is the act passed by the last Congress which authorizes the transfer of officers of the Reserve to the Regular Navy under certain circumstances, the important feature here being that this law is effective until 6 months after June 30 of the fiscal year in which the present war shall terminate, and this section means that while we are authorized to take officers in under Public Law 347, we shall make no appointments from other sources except through authority of that act.

Mrs. Smith. Have you any questions, Mr. Bates?

Mr. BATES. No.

Mrs. Smith. Mr. Durham?

Mr. Durham. May I ask the admiral a question there?

For instance, a pharmacist who has had postgraduate training and is holding a Ph. D. degree could enter this corps?

Admiral Swanson. We intend to employ pharmacologists who have a doctor's degree in research work in pharmacy and pharmacology.

Mr. RIVERS. The research work that was done by the pharmacists in this war has been one of the most monumental and outstanding pieces of work in the whole history of warfare, I think. Take penicillin, for instance, that they developed—

Admiral Swanson. Well—

Mr. RIVERS. I think so, anyhow.

Mr. Bates. It seems to me you are getting into an argument in another field.

Mr. RIVERS. I think so, anyhow, so put that in the record.

Mrs. Smith. Mr. Bates, any more questions?

Mr. BATES. No.

Mrs. Smith. Mr. Durham? Mr. Durham. No questions. Mrs. Smith. Mr. Philbin?

Mr. PHILBIN. No.

Mrs. Smith. No amendments to that section, Captain Nunn? Captain Nunn. Madam Chairman, I suggest, in line 22, on page 2, the word "Associated" be changed to "Associate."

Mrs. Smith. Without objection, section 4 will be adopted as

amended and as read.

Section 5, Captain Nunn. Captain Nunn. Section 5:

All appointments to the grade of Medical Associated Scientist, except those provided for in Section 4 of this Act, shall be with the rank of lieutenant (junior grade) from male citizens of the United States between the ages of 21 and 32 years. No person shall be appointed pursuant hereto until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy.

Madam Chairman, in view of the fact that the committee has already adopted an amendment to section 3, I suggest, for the same reason applicable there, that section 5 be changed to read as follows:

All appointments to the grade of Medical Associate Scientist, except those provided for in Section 4 of this Act, shall be with the rank of ensign from those persons holding a baccalaureate degree, or with the rank of licutenant (junior grade) from those persons holding a doctorate degree in sciences allied to medicine from citizens of the United States between the ages of 21 and 32 years. No person shall be appointed pursuant hereto until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy.

Thus, when we stop taking officers under the Transfer Act, Public Law 347, and commence taking them from other sources, entrance into the corps may be made in the grade of ensign from those holding doctorate degrees and entrance in the corps may be made in the grade of lieutenant junior grade, as is true of medical officers at the present, from those holding doctorate degrees in appropriate sciences.

Mrs. Smith. Are there any questions, Mr. Bates?

Mr. Bates. Well, Admiral, getting back briefly to the basic reasons for this legislation, it ties in with the appointments under this section we are now discussing. There are three basic reasons that you desire the establishment of this so-called Medical Associate Sciences Corps: First of all, the question that is bothering the services, and that is the lack of medical doctors in numbers that presently are on, say, research work that may well be reemployed back into the field of medicine and surgery; the second reason being that you could use these scientists in the field of research and related activities, which you think would be of tremendous value to the Navy and to the Army, as well—those being the two most basic reasons for the establishment of this so-called Associate Sciences Corps; and the third reason is to permit you to give a commission to the so-called scientists, which under the present law we cannot give a permanent commission to.

Now, those are, are they not, Admiral, the three basic reasons for the

enactment of this law, to summarize it down to a few words.

Admiral Swanson. You have stated it very well, Mr. Bates. Mr. RIVERS. May I ask this question, Madam Chairman?

Mrs. Smith Mr. Rivers.

Mr. Rivers. You mean to say you can't commission a man now as a scientist, or at least only under the war powers?

Admiral Swanson. Not in the Regular Navy.

Mr. RIVERS. I see.

Mrs. Smith. Any further questions, Mr. Bates?

Mr. BATES. No.

Mrs. Smith. Mr. Rivers, any further questions?

Mr. RIVERS. No.

Mrs. Smith. Mr. Durham?

Mr. Durham. No.

Mrs. Smith. Mr. Philbin?

Mr. Philbin. No questions.
Mrs. Smith. Without objection, section 5 will be adopted as amended and as read.

Section 6, Captain Nunn. Captain Nunn. Section 6:

During such period as the permanent promotion or advancement of officers of the Navy remains suspended pursuant to the Act of June 30, 1942 (56 Stat. 463), Medical Associated Scientists appointed under Section 5 of this Act shall not be assigned running mates as provided in Section 7 of the Act of June 10, 1926 (44 Stat. 720).

In explanation of this section, the Navy is unable at this time, and has been unable since 1942, to make permanent promotions or advancement of officers because of an act of Congress which forbids it.

In lieu of making permanent promotions, the Navy, operating under another statute, is able to make temporary promotions of officers without conforming to the normal routine prescribed by the Personnel Act of 1938.

Until such time as permanent appointments may be made, there is no reason for assigning new entrants into the corps running mates. It will be more appropriate to assign them running mates at such time as permanent promotions are reestablished by Congress.

Mr. RIVERS. Of course, that will come without legislation. You won't need any legislation for that, because they will be Regular Navy

officers and will be like other officers.

Captain Nunn. Yes, sir; but, ordinarily, you see, this is a staff corps and under the general provisions law, the so-called Staff Equalization Act, all staff corps officers must be assigned running mates in the line. As long as permanent promotions are not being made, there is no reason for doing that. It would be an administrative waste to go to work and do that.

So we have this in here, which will save us that trouble because it

will serve no useful purpose.

Mr. RIVERS. Well, now, the way an officer is promoted now, he has the grade, and then he is eligible; isn't that right?

Captain Nunn. That has been true while the Temporary Promo-

tion Act was in operation; ves. sir.

Mr. RIVERS. So this fellow, or this lady, or whoever it might be, would be like that, and when the time comes that we go back to the permanent system-

Captain NUNN. He will be adjusted into it.

Mr. RIVERS. He will be adjusted and integrated, as all other staff corps officers will be.

Captain Nunn. Yes, sir; that is right.

Mrs. Smith. Mr. Durham?

Mr. Durham. It gives you more freedom, of course, in this corps, which you need.

Captain Nunn. It does; yes, sir.

Mrs. Smith. Mr. Philbin Mr. Philbin. No questions. Mrs. Smith. Mr. Bates? Mr. Bates. No.

Mrs. Smith. Without objection, section 6—

Mr. Bates. Wait. Captain, did you suggest a change in the wording, from "Associated," in section 5 and also section 6, to the word "Associate"?

Captain Nunn. I do.

Mr. Bates. Has that amendment been adopted?

Captain Nunn. I have not made it as an amendment, but it is an

appropriate change.

Mr. Bates, I move, Madam Chairman, in section 5, line 25, on page 2, that the word "Associated" be changed to "Associate," and also in section 6, line 10, on page 3, the word "Associated" be changed to "Associate."

Mrs. Smith. Without objection, the changes will be made.

Also, without objection, section 6 will be adopted as amended and as read.

Section 7, Captain.

Captain Nunn. Section 7:

The Secretary of the Navy is authorized to prescribe such regulations as may be necessary for the administration of this Act.

That is a provision which must be included in order that we may place it into operation, if it is enacted.

Mrs. Smith. Does this become effective immediately upon the

enactment?

Captain Nunn. Yes.

Mrs. Smith. And that is provided?

Captain Nunn. Yes.

Mrs. Smith. Are there any further questions on the bill?

Mr. Durham. I move the bill be reported to the full committee, as amended.

Mr. Philbin. Madam Chairman-

Mrs. Smith. Mr. Philbin.

Mr. Philbin. Admiral Swanson, do you think you could suggest some simpler title, some simpler name for this corps, so it could be rendered more brief and less bulky. "Medical Associated Sciences Corps" seems to me to be rather strained. I wonder if you might have some simple language to use there.

Admiral Swanson. My grammarian to the right tells me that the "Medical Associated Sciences Corps" is incorrect English, that it

should be "Medical Associate Scientists' Corps."

Mr. Philbin. Would it be possible, then, to delete entirely the word "Associated" or "Associate," so it would read "Medical Sciences Corps"? What objection would there be to having it read simply "Medical Sciences Corps," or "Medical Scientists Corps," leaving out the reference to "Associated" or "Associate"? Is it strictly necessary to have the word "Associate" in there? I think just "Medical Sciences" or "Medical Scientists" would be sufficient. You have the Medical Corps already in existence, and they would not be confused with doctors.

Captain Hakansson. It might include medicine and surgery. Mr. Philbin. Yes; that would be true, were it not for the fact that you already have the Medical Corps; but what I am striving to do is to arrive at some simpler terminology for this corps. It seems to me to be rather strained language. However, I don't want to urge it as an objection.

Mr. Bates. Has the Navy Department discussed this matter at quite some length, as to the title of the corps, and have they also

discussed the suggestion of Mr. Philbin?

Admiral Swanson. The original name we had for this corps was "Medical Allied Sciences Corps." They objected to the word "allied," feeling that the word might be misconstrued and that we had a lot

of allies in this corps.

Mr. Bates. What about taking out the word "associated" and leaving it "Medical Sciences Corps," which would be separate and distinct altogether from, say, the Medical Corps? What objection is there to that title, striking out the word "Associated" or "Associate"? I presume the word "Associate" means all the sciences associated with the field of medicine.

Captain Hakansson. That is correct.

Mr. Bates. Wouldn't "Medical Sciences Corps" in itself be sufficient? Is not the word "Associate" superfluous language?

Captain Hankasson. The medical officers may ask: "Aren't we scientists?"

Mr. RIVERS. That is right. Mr. BATES. That is right.

Captain HAKANSSON. However, some have said, as you know,

that medicine is not a science.

Mr. Bates. Then, the Navy Department has discussed that matter, in the Medica! Corps, at quite some length, have they?

Admiral Swanson. When they objected to the word "allied" there was some consultation, and they came up with the word "associated". However, the present title of the corps is incorrect, from a purely English standpoint. It should be "Medical Associate Scientists Corps", which would be correct English.

Mr. Bates. Madam Chairman, I make a motion that the word "sciences"—where the word "sciences" appears, we change it to

"scientists."

Is that what you suggest, Admiral?

Mr. RIVERS. Scientists. Mrs. Smith. Scientists.

Admiral Swanson. That is correct.

Mr. Bates. Substitute the word "scientists" wherever "sciences" appears in the bill.

Mrs. Smith. Without objection, the correction will be made.

Mr. Bates. I move the bill be favorably reported.

Mrs. Smith. Will you withhold the motion a moment? As I understand it, there will be no extra cost involved, Admiral, if the bill is passed?

Admiral Swanson. That is right.

Mrs. Smith. In other words, it is not a matter of economy, but instead a matter of efficiency and a complete utilization of facilities like those we saw out at the research center the other day.

Admiral Swanson. Yes; and it is a matter of necessity for progress

in naval medicine and science.

Mrs. Smith. I asked the other day if you would give us a breakdown of our investments in these facilities. Can you supply that for the record?

Admiral Swanson. I have that break-down.

Mrs. Smith. You are going to do that?

Admiral Swanson. Yes. Mrs. Smith. Thank you.

It has been moved and seconded that H. R. 1603 be reported to the full committee as amended. Is there objection?

Without objection—

Mr. Bates. I suggest we have a vote on that, so as to have an official record here.

Mrs. Smith. All right. Will you call the roll, Mr. Smart?

Admiral Swanson. This is off the record.

(Discussion off the record.)

Mr. BATES. Why off the record, Admiral?

Admiral Swanson. Only off the record because I wasn't certain of the precise amount, but it is approximately \$4,000,000.

Mr. Bates. You are going to put that in the record?

Admiral Swanson. I have a break-down for every one of our projects.

Mrs. Smith. And will you have it ready for the printed hearings? Admiral Swanson. Yes. I offer it for the record now.

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
Washington 25. D. C.

¹ The physiological test laboratory at Patuxent now occupies a part of one hangar and segregation of investment is impossible. However, the sum of \$1.32,500 has been submitted to Shore Development Board for a building and necessary equipment for this laboratory.

F. P. GILMORE, Captain (MC), United States Navy, Fiscal Director, Chief, Finance Division.

Mr. RIVERS This, too, is off the record.

(Discussion off the record.)

Mrs. Smith. Mr. Smart, will you call the roll, please?

Mr. SMART. Mrs. Smith.

Mrs. Smith. Aye.

Mr. SMART. Mr. Bates.

Mr. Bates. Aye.

Mr. SMART. Mr. Anderson.

Mr. Anderson. Aye. Mr. Smart. Mr. Rivers.

Mr. RIVERS. Aye.

Mr. SMART. Mr. Durham.

Mr. Durham. Aye.

Mr. SMART. Mr. Philbin.

Mr. Philbin. Aye.

Mr. SMART. It is unanimous.

Mrs. Smith. By unanimous vote, this committee reports H. R. 1603 to the full Committee on Armed Services, as amended.

Thank you very much, Admiral Swanson, Captain Nunn, and

Captain Hakansson.

Mrs. Smith. We will now take up H. R. 1982, a bill to revise the Medical Department of the Army, and for other purposes, that we will commence reading.

General Kirk and Colonel Kintz.

All right, Colonel Kintz, will you read the bill?

Colonel Kintz. H. R. 1982, a bill to revise the Medical Department of the Army, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Army Medical Department Act of 1947."

MEDICAL SERVICE CORPS

Secretary of War. The authorized strength of the Medical Service Corps, Regular Army, shall consist of officers in the grades of second lieutenant to colonel, inclusive: Provided, That the number of colonels on active duty in the Medical Service Corps, Regular Army, shall at no time exceed two per centum of the Medical Service Corps, Regular Army, shall be such strength of the Medical Service Corps, Regular Army, shall be such strength as may from time to time be prescribed by the Secretary of War. The Medical Service Corps, Regular Army, shall consist of officers in the grades of second lieutenant to colonel, inclusive: Provided, That the number of colonels on active duty in the Medical Service Corps, Regular Army, shall at no time exceed two per centum of the authorized Regular Army officer strength of such corps.

This section provides for the establishment in the Medical Department of the Regular Army a Medical Service Corps, which would be composed initially of a Pharmacy Section, an Allied Science Section, an Optometry Section, and such other sections as the Secretary of War may prescribe.

The strength of this corps is authorized to be prescribed by the

Secretary of War as the needs of the Army indicate.

It prescribes the grades of officers in this corps, from second lieu-

tenant to colonel, inclusive.

It provides that at no time shall the number of full colonels in this corps exceed 2 percent of the authorized strength of the Regular officer

strength of that corps.

As a result of several conferences with civilian groups, we have agreed to offer, for the committee's consideration, an amendment. This amendment would be placed in on line 6, on page 2, after the word "war", and would read as follows:

The Pharmacy Section shall constitute not less than 60 per centum of the tota authorized strength of the Medical Service Corps",

so that this amendment which has been suggested, if added, would provide that the Pharmacy Section—the large section on the chart—would constitute 60 percent of this corps.

Mr. RIVERS. May I ask a question?

Mrs. Smith. Just a moment. What advantage is there to speci-

fying the percentage to be used?

Colonel Kintz. As I stated in my opening remarks, in our conferences with civilian groups on this question, we agreed to offer this 60 percent on this section for your consideration, to satisfy their desires of keeping the profession of pharmacy recognized in the Army, since they already have at present a Regular Army Pharmacy Corps.

Mrs. Smith. Then it wasn't proposed for efficiency reasons, as far

as the service is concerned?

Colonel Kintz. The bill, as originally written, did not contain that. Mrs. Smith. You are not specifying a percentage in any other section?

Colonel Kintz. No; we are not.

Mrs. Smith. Mr. Bates.

Mr. Bates. Colonel, what will be the estimated strength of this

so-called Medical Service Corps?

Colonel Kintz. The planning figure that we have used is that the number of officers in the Medical Service Corps will be 3 per 1,000 of the authorized strength of the Army,

Mr. Bates. Let us take a strength of 1,070,000 men. What does

the plan show the strength of this corps to be under that set-up?

Colonel Kintz. In our planning we have worked out our distribution on the basis of a 500,000-man Army. On that basis, we would have 1,650 officer bodies in this Medical Service Corps.

Mr. Bates. 1,650 on the basis of 500,000 men?

Colonel Kintz. Yes, sir.

Mr. Bates. Now, on the basis of 1,070,000 men, it would be twice that number?

Colonel Kintz. Approximately so.

Mr. Bates. So we have about 3,300 men estimated on the basis of a million-man Army, is that right?

General Kirk. That is correct.

Mr. Bates. Now, then, how many pharmacists have you in the Army at the present time?

Colonel Kintz. There are 70 on duty, as officers, at the present time.

Mr. Bates. Seventy on duty as officers?

Colonel KINTZ. That is right.

Mr. Bates. How many could qualify, say, as officers, under this bill, in the Army at the present time?

Colonel Kintz. You mean those who are pharmacists?

Mr. BATES. Yes.

Colonel KINTZ. Who could qualify?

Mr. Bates. Who could qualify under this bill. Colonel Kintz. I do not have that figure.

Mr. Bates. Well, roughly? How many did you have at any maximum period during the war, do you recall, whose services were utilized as pharmacists?

General Kirk. I don't have that figure, but I should say for this corps, as has been stated, there are 70 officers presently commissioned

who are graduate pharmacists in the Pharmacy Corps.

There might be, oh, let us say, may be 100-and that is a large figure, probably 30 would be a better figure, that might be commis-

sioned during this integration.

Now, it is the future we are thinking about, in this bill, the men, after integration, who will come into this section as college graduates, as the corps develops. That section, as regards pharmacists, wouldn't fill out for some years to come. It couldn't possibly be filled at the moment.

Mr. Bates. Having that thought in mind, General, that there are only 70 officers at the present time and say we are planning on a 1,070,000-man Army as of July 1, if this amendment was adopted, providing for the 60 percent, that would mean that you would have to have not less than 1,980 pharmacists in the Pharmacy Section.

General Kirk. They won't all be pharmacists, sir. doesn't call for that. It is the Pharmacy Section.

Mr. Bates. Well, would the Pharmacy Section be composed of all pharmacists?

. General Kirk. No, sir. Mr. Bates. It would not? General Kirk. No, sir.

Mr. Bates. Then, what relation has the 60 percent stipulated in this amendment to the idea that those associated with pharmacy activities or the pharmaceutical schools have of getting all these pharmacists in the service?

General Kirk. Well, their thought mainly was that this 60 percent should be the predominant section of the corps, in other words, that

there would be more officers commissioned in the Pharmacy Section than there would be commissioned in the Allied Science Section or in the Optometry Section, and that eventually, to fill this corps in the future, when there are vacancies and after integration is completed, and after those officers go out, this section of the corps would be recruited from graduates of pharmacy.

Mr. Bates. Well, does the amendment mean that the Pharmacv Section must be 60 percent of, say, 3,300 men in the Medical Service Corps, or 1,980 officers in the Pharmacy Section? Is that what that

amendment means?

General Kirk. That there would be that many-

Mr. Bates. Not less.

General Kirk. Not less than 60 percent of the officers that happen to be in the Medical Service Corps, dependent upon its size, would be in this Pharmacy Section.

Mr. Bates. Now, do you think, General, from your experience. that you would need such a large percentage in the Pharmacy Section,

of the total Medical Service Corps?

General Kirk. In the total Medical Service Corps, it might be that, and it might not. We are planning to place in this group other officers who may not be pharmacists, the administrative personnel, that is, the officers that are going to run our supply service, and the pharmacists. This is the section in which we will commission officers that will be the adjutants of hospitals, the mess officers, the supply officers, the men who are doing straight pharmacy work, and other administrative jobs that we don't need to have a doctor to do.

Now, to go back to your figure of the number of officers we would need in this corps for an Army of 1,070,000 men, it is the War Department's plan to officer that Army with 50,000 Regular officers, plus the necessary Reserve officers on extended active duty, to meet the total requirements, so that actually we would never, with an Army of 1,070,000, have 3,000 officers commissioned in the Regular Army

The War Department's plan is that only about 35 to 40 percent of the officers that it needs will have regular commissions. The others

will be Reserve officers on extended active duty.

Mr. Bates. Well, if that is so, let us assume that the authorized strength for 1,070,000 men would be 3,300 officers in the Medical Service Corps, that is, if you utilized every one of those officers.

General Kirk. That is correct, sir.

Mr. Bates. Now, if you are going to use 35 or 40 percent that means say, 1,500 officers. General Kirk. Well, let us take as a planning figure—

Mr. BATES. Wait awhile.

The thought enters my mind, if we are going to tie your hands so that not less than 60 percent of the total authorized strength, which is 3,300 officers, shall be in the so-called Pharmacy Section, you will have—if you follow the exact language—60 percent of the authorized strength to provide more men in the Pharmacy Section than what you will actually have in the Medical Service Corps.

General Kirk. Not necessarily.

Mr. Bates. Let me explain it another way. The authorized strength is 3,300 men, roughly, based on a 1,070,000 man Army, is that right?

General Kirk. That would be for Regular and Reserve, in addition that is correct, sir.
Mr. Bates. Regular and Reserve?
General Kirk. Yes, sir.

For a planning figure, in speaking of this bill as we go through it. I think we should consider that this corps would have an approximate strength, Regular Army, of around 1,000 officers.

Mr. Bates. Regular. Army? General Kirk. Yes, sir.

Mr. Bates. I see.

General Kirk. Maybe less, but somewhere between 900 and 1,000. Mr. Bates. What is your interpretation of the words "authorized strength"? With an authorized strength of 1,070,000 men, 60 percent would be 3,300 officers?

General Kirk. It is based on the authorized strength, and then the Secretary of War—this bill says—will determine how many

officers will be in this corps. He determines that.

Mr. BATES. I see.

General Kirk. We are limited to 50,000 officers, and these officers, Regular Army, that come into this corps will make up part of that 50,000 officers that Congress has authorized.

Now, of that 50,000 officers, the Secretary of War will determine

how many will be commissioned in this Medical Service Corps.

Mr. Bates. So the authority springs from the determination of the Secretary of War.
General Kirk. That is correct.

Mr. Bates. And not from the statute?

General Kirk. That is correct.

Mr. Bates. I see.

General Kirk. That is the way all bills are written, for the War Department. None of them are limited by any factor, as is proposed in this amendment to this bill. The War Department policy, over-all policy, is that there will be no strengths of any corps specified.

Mr. Bates. That is distinctly different from the Navv.

General Kirk. Yes, sir. It will be at the discretion of the Secretary of War, the limiting factor being the 50,000 officers that the Congress has authorized to be commissioned in the Regular Army.

Mr. Bates. So the authority springs from the determination by the Secretary of War, and not the statutes, in the case of the Army?

General Kirk. Yes, sir.

Mr. Bates. It is not like the Navy at all?

General Kirk. No. sir.

Mr. Bates. Where we have an authorized strength of seven percent of the entire authorized naval strength, with 500,000 men it would be 35,000 officers. You do not have the same requirement, for the determination of your officers in the Army?

General Kirk. It is the Army's plan not to have. It is basing everything on the 50,000 officers that Congress has allotted. Then the Secretary of War determines the percentage of officers of each

grade and branch, and what not, to make it flexible.

Mr. Bates. One other question, General. The Colonel stated that this language was prepared to satisfy the desire of these private groups. That doesn't impress us any too much, on committees of this type. What we are interested in knowing is what the point of view of those in command is, after a thorough study of all the facts, as to what is in the best interest of the service that you men represent.

Now, do you believe in this language, or don't you?

General Kirk. The War Department's policy is that there be no

percentages written in.

. Mr. Bates. You don't approve of this amendment, then, is that it? General Kirk. I think it gives much more flexibility, if that amendment isn't in there.

Mr. Bates. You prefer to have the bill as it was originally?

General Kirk. That is the way it was written by the War Depart-

Mr. Bates. And, in your opinion, it would be in the best interest of

the service to have it so written?

General Kirk. I think it would be better if we didn't have any percentages, in any bills. At least that is the War Department's

plan and I am part of the War Department.

Mr. Bates. I am not saying this in any sense derogatory to the pharmacists, but I think we are entering into a new field altogether in the establishment of this Medical Service Corps. I think we ought to try it out and see how it works. I don't know what the experience of the pharmacists has been with the Army. I know in the Navy we have never commissioned pharmacists in the Regular Navy. However, here we are, through the bill that we have had under consideration, commissioning pharmacists, and many other allied scientists, or what not, in the Army, and I think we ought to approach this thing step by step and not get completely overboard, by tying the services down to a percentage basis. We are giving official recognition, for the first time in the history of this country, to this personnel, with the regular commissioning. I think we have been commissioning pharmacists in the Regular Army.
General Kirk. Yes, sir.

Mr. Bates. But only since the war.

General Kirk. Yes, sir.

Mr. Bates. You have never commissioned them before that?

General Kirk. That is correct, sir.

Mr. Bates. And you do intend to give them official recognition and to take all you can get, let us say, into the Medical Service Corps, because you think of the value they will be to the corps? General Kirk. Yes, sir.

Mr. Bates. But you don't believe we ought to tie your hands, especially in this formative stage, by tying it down to any percentage. That is all.

Mrs. Smith. Mr. Durham?

Mr. Durham. I have no questions.

Mrs. Smith. Mr Anderson.

Mr. Anderson. General, in the event that this amendment is not included as a part of this first section, is it the plan of the War Department that not less than 60 percent of the total authorized strength of the Medical Service Corps shall be in the Pharmacy Section?

General Kirk. We believe that is the way it will work out, sir. Mr. Anderson. I mean, that is the intention of the War Depart-

ment, regardless whether this amendment is in the bill or not?

General Kirk. That is correct.

Mr. Bates. In other words-

General Kirk. That is our intent.

Mr. Bates. You are approaching this thing with a very friendly viewpoint, as far as the pharmacists are concerned, in relation to what they desire, in the form of an amendment?

General Kirk. Yes, sir.

Mr. Bates. I agree with you that this is an administrative matter. I think the heads of our military organizations ought to have some flexibility of action in matters of this kind, and not be tied down to a percent. Let us see how this thing is going to work. Then if the pharmacists feel they are not getting official recognition to the point they feel they ought to, that would be the time for us to come in and change the bill.

General Kirk. Our planning figures were that this section would represent that. The pharmacy profession felt that they wanted it written down in the law, so it would make us live up to our plans,

let us sav.

Mr. DURHAM. Will the gentleman yield? Mr. Bates. Oh, yes; I am all through.

Mr. Durham. Since the gentleman made that statement, that you are approaching this thing with a friendly viewpoint. I may say that these figures, of course, don't have anything to do with that in any way, because you are integrating them, whether you have 40 to 50 or 60 percent.

I hope the gentleman will withdraw his remarks in regard to

politics, which went into the record.

Mr. Bates. Of course, I am only basing that statement on what the Colonel himself had to say. He did this to satisfy the desire of these private groups. If that is not politics, I don't know what is.

Mr. Durham. I just said, I hope the gentleman would withdraw

Mr. Bates. I don't think it is necessary to withdraw them. think it is proper language, based on what the evidence is here.

Mrs. Smith. Mr. Anderson, do you have any further questions? Mr. Anderson. Nothing further.

Mrs. Smith. Mr. Rivers? Mr. RIVERS. No questions. Mrs. Smith. Mr. Philbin?

Mr. Philbin. Did you have any percentage established for the other groups here, for example, for the Optometry Section? General Kirk. No, sir.

Mr. Philbin. You are not going to recommend fixing a definite percentage for the optometrists, or any other group? General Kirk. No, sir.

Mr. Philbin. The only percentage recommendation that you are making now relates to the pharmacists?

General Kirk. That is correct, sir.

Mr. RIVERS. May I ask this question—

Mrs. Smith. Mr. Rivers.

Mr. Rivers. But you don't have any corps for those other people. And, in consideration for abolishing the Pharmacy Corps, this is a guarantee to these people, who have a rightful grievance. You are abolishing their corps, something that was established by Congress, and this is an exchange, giving them some consideration for that abolition.

Mr. Bates. That is setting up the Pharmacy Section, you mean.

Mr. Rivers. Setting up the Pharmacy Section and guaranteeing them a percentage. Their corps has been totally abolished. It was set up by an act of Congress.

Now, I didn't hear all the discussion, but I wouldn't call it politics.

· They have a grievance.

How many do you have in the corps, General?

General Kirk. The present bill authorizing the Pharmacy Corps limits that corps to 72.

Mr. RIVERS. This would weaken the corps, wouldn't it?

General Kirk. Pardon?

Mr. Rivers. I say, this percentage would weaken the corps.

General Kirk. Without a percentage, it will strengthen the corps

Mr. Rivers. Without a percentage?

General Kirk. Whether the percentage is stated or not, in this Pharmacy Section.

Mr. Philbin. Does the gentleman yield?

Mr. Rivers. Yes. Mr. Philbin. With the percentage as proposed, that is, the 60 percent, it might conceivably increase the strength of your pharmacists to about 600.

General Kirk. Yes, sir.

Mr. Philbin. In the Regular Army? General KIRK. Eventually, but not now.

Mr. Philbin. Eventually?

General Kirk. Eventually, that is correct.

Mr. Philbin. It might be increased from 72 to 600?

General Kirk. That could be, approximately.
Mr. Philbin. You would have the authority to do it under this bill?

General Kirk. Yes, sir; and we could do it whether we had the 60 percent in there or not.

Mr. Rivers. Of course you could.

Now, the morale feature is worth something, General, isn't it?

General Kirk. As I say, I will leave it to this committee to make the decision. It had been asked by a minority group, that had a corps, and we told that group that we would present that to this com-

If there is a factor there of a percentage fixing the strength of this section, it would be the only legislation, that the Army is asking for,

that will be so fixed, and it doesn't give us flexibility.

Mr. Rivers. Well, every group in the Nation is a minority group. You are a minority group. But this is not the considered judgment of the minority part of pharmacy, those who represent the pharmaceutical associations of this country.

General Kirk. That is correct.

Mr. Rivers. You are a minority group, aren't you? General Kirk. Not as Surgeon General of the Army.

Mr. RIVERS. No; I say you are a minority group as a doctor in the United States, aren't you? I am a minority group. I happen to be a

I think the term "minority group" is a misnomer. The pharmacy profession wants this. They have sat down with you and worked this thing out with you.

General Kirk. That is the way I presented it.

Mr. RIVERS. Yes, sir.

Mr. Durham. Will the gentleman yield?

Mr. RIVERS. Yes.

Mr. Durham. The fact boils down to this, General Kirk: It doesn't make any difference whatever the percentage is. At the present time, how many applications do you have from people desiring to enter this section as pharmacists, on your integration?

General Kirk. We have integrated only about—there is a total

strength of seventy-odd pharmacists.

Mr. Durham, I say, how many applications have you pending?

General Kirk. I couldn't say offhand. Mr. Durham. You don't have very many.

General Kirk. Very few.

Mr. Durham. And you will have great difficulty in securiting any of them.

General Kirk. On the integration? Mr. Durham. On the integration.

General Kirk. Yes.

Mrs. Smith. Are there any further questions?

(No response.)

General, as I understand it, then, you are setting a precedent by specifying the percentage?

General Kirk. That is correct.

Mrs. Smith. You already have the corps for pharmacists made up

General Kirk. Yes, Madam Chairman. Mrs. Smith. If the War Department is left on its own, that can be increased many times?

General Kirk. That is correct.

Mrs. Smith. Regardless of the percentage?

General Kirk. That is correct, Madam Chairman.

Mr. Bates. I move we approve the section as originally submitted.

Mr. Anderson. Second it.

Mrs. Smith. It has been moved and seconded that section 1 be approved as read.

Mr. BATES. Originally.

Mrs. Smith. As originally read, without the amendment. Is there any objection?

Mr. Durham. I move a substitute.

Mrs. Smith. Mr. Durham.

Mr. Durham. I move the amendment as outlined, which is before you there, that "the Pharmacy Section shall constitute not less than 60 percent of the total authorized strength of the Medical Service Corps," as a substitute for Mr. Bates' motion.

Mrs. Smith. You heard the substitute motion offered by Mr. Dur-

ham. What is the pleasure of the committee?

Mr. Rivers. Vote.

Mrs. Smith. Those in favor of the amendment say "Aye."

Mr. Durham. Substitute amendment.

Mrs. Smith. Those in favor of the substitute amendment say "Ave."

Mr. Bates. There is no substitute amendment. It is an amendment.

Mr. RIVERS. It is a substitute for your motion.

Mr. Bates. I have no amendment. I just made a motion.

Mr. Anderson. You moved to adopt the section as read, and he moves, as a substitute, to adopt the section as amended.

Mr. Bates. He moved to amend it. Mr. Durham. I moved an amendment.

Mrs. Smith. You heard the amendment read by Mr. Durham. What is your pleasure? Those who accept Mr. Durham's amendment as read say "Aye." (Chorus of ayes.)

Mrs. Smith. Those opposed. (Chorus of noes.) Mr. Smart. I suggest, Madam Chairman, a show of hands.

Mrs. Smith. Call the roll. The question is on the amendment offered by Mr. Durham. All right, Mr. Smart.

Mr. SMART. Mrs. Smith.

Mrs. Smith. No.

Mr. SMART. Mr. Bates.

Mr. Bates. No. Mr. Smart. Mr. Anderson.

Mr. Anderson. No. Mr. SMART. Mr. Rivers.

Mr. RIVERS. Aye.

Mr. Smart. Mr. Durham.

Mr. Durham. Aye.

Mr. SMART. Mr. Philbin.

Mr. Philbin. No. Mr. Smart. The vote is four to two against the amendment.

Mrs. Smith. The amendment is not adopted, by a vote of 4 to 2. Mr. Durham. Madam Chairman, I offer a motion.

Mrs. Smith. Mr. Durham.

Mr. Durham. I move that we adjourn.

Mrs. Smith. First, shall we act upon the original motion?

Mr. Bates. There is a motion on the section.

Mrs. Smith. All those in favor of accepting section 1 as originally read, please specify by saying "Aye". [Chorus of ayes.]

Mrs. Smith. Those opposed. [Chorus of noes.] Mr. Bates. Let us have a roll call.

Mrs. Smith. Call the roll, Mr. Smart.

Mr. SMART. Mrs. Smith.

Mrs. Smith. Aye.

Mr. SMART. Mr. Bates.

Mr. Bates. Aye.

Mr. SMART. Mr. Anderson.

Mr. Anderson. Aye. Mr. SMART. Mr. Rivers.

Mr. RIVERS. No.

Mr. SMART. Mr. Durham.

Mr. Durham. No.

Mr. SMART. Mr. Philbin.

Mr. Philbin. Aye.

Mrs. Smith. The vote is 4 to 2 in favor of adopting section 1 as read.

Mr. Durham has moved that the committee adjourn.

Without objection, the committee will adjourn.

The President will be at the joint session at 1 o'clock. Following his address the Nurse Corps bill comes to the floor so we will adjourn until tomorrow morning at 10 o'clock. You will be notified as to the room.

House of Representatives, Committee on Armed Services, Subcommittee No. 9, Hospitalization, Health (Medical Corps),

Thursday, March 13, 1947.

The subcommittee met at 10 a.m., Hon. Margaret Chase Smith

(chairman) presiding.

Mrs. Smith. The committee will come to order and we will continue reading H. R. 1982, beginning with—is it section 2, Colonel Kintz? Will you come up to the table, please, gentlemen?

Colonel Kintz. Continuing reading on page 2, line 12, section 2:

From the officers commissioned in the Medical Service Corps, Regular Army, in the permanent grade of major or above, the Secretary of War shall appoint the Chief of the Medical Service Corps, who shall serve as such Chief during his pleasure, and who, if commissioned in permanent grade below colonel, shall, without vacation of his permanent grade, have the temporary rank, pay, and allowances of a colonel while so serving, and who, while so serving, shall be superior in rank to all other colonels in the corps.

(b) From the officers commissioned in the Medical Service Corps, Regular Army, the Secretary of War shall appoint such assistant chiefs, who shall be chiefs of sections, and who shall be consultants to The Surgeon General in activities

relative to that specific section * * *

Mr. McCracken. Madam Chairman, at this point is it in order

for me to offer an amendment? Is that permissible?

Mrs. Smith. It is rather unusual as to our usual procedure. If you will give the Chair the amendment perhaps someone of the committee will offer it.

(Discussion off the record.)

Mrs. Smith. All right, Colonel, you may proceed.

Colonel Kintz. Continuing reading on page 3, line 3, subparagraph:

(c) Unless entitled to higher retired rank or pay under any provision of law, each such commissioned officer who shall have served for four years as Chief of the Medical Service Corps, shall upon retirement be retired with the rank held while so serving, shall receive retired pay at the rate prescribed by law computed on the basis of the base and longevity pay which he would receive if serving on active duty with such rank, and if thereafter recalled to active service shall be recalled in such rank.

This section establishes a chief of this corps to be appointed by the Secretary of War, who shall serve during the Secretary of War's pleasure, to be selected from officers of this corps in the grade of major or above, and that he will have the rank of colonel while so serving if he does not already have that rank. It also establishes assistant chiefs to the Chief of the Corps who will be chiefs of the sections of the corps, and that these chiefs will be consultants to the Surgeon General on matters peculiar to their particular section.

It also establishes the retirement provisions for the chief of this section to retire in the grade of colonel with such pay that he would receive at that grade if he has served for 4 years as chief of this

corps.

We would like to offer for the committee's consideration an amendment to be inserted as follows: On page 3, line 2, after the period following the word "section", insert "The chief of the Pharmacy Section shall be a graduate of an

approved school of pharmacy."

Mrs. Smith. Colonel Kintz, do I understand that you will have the Pharmacy Section, you will have a Medical Allied Science Section, and the Optometry Section?

Colonel Kintz. That is right.

Mrs. Smith. The Medical Allied Science Section to have subsections?

Colonel Kintz. No, Madam Chairman.

Mrs. Smith. You will have the Chief of the Medical Service Corps and assistant chiefs for Pharmacy, Medical Allied, and Optometry?

Colonel Kintz. That is correct.

Mr. Durham. Madam Chairman, I move the adoption of the section with the amendment suggested.

Mr. RIVERS. Will you yield, Mr. Durham?

Mr. Durham. Yes.

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. I notice this amendment says:

"The chief of the Optometry Section shall be a graduate of a recognized school or college of optometry who has been licensed to practice his profession in one or more of the 48 States, or the District of Columbia.

Mr. Bates. Where is that in this bill? Mr. Gavin. That is not in the bill. Mr. Bates. That is not before us.

Mr. RIVERS. Is there any objection on the part of the War Department to that amendment, if I should see fit to offer it? I never

saw it before this morning, or discussed it.

General Kirk. We do not believe that that amendment is necessary because the requirements written for that section will require that for an optometrist to be commissioned he must have the qualifications that are specified in that amendment. There won't be anybody in the corps that doesn't have those qualifications.

Mr. Rivers. Then we need not worry about that provision?

General Kirk. No, sir.

Mr. Gavin. Will the gentleman yield? Mr. Rivers. Mr. Durham has the floor.

Mr. Durham. I vield.

Mr. Gavin. In that event, in view of the fact that these assistant chiefs will necessarily have to have certain qualifications that meet with the approval of the Department, why do we make an exception in pharmacy, that the chief of the Pharmacy Section shall be a graduate of an approved school of pharmacy, and not in the case of optometry or the other chiefs?

Mr. Durham. May I explain that?

Mrs. Smith. Mr. Durham.

Mr. Durham. Under the old MAC we took over many, many—I don't recall how many, General Kirk probably does—of the MAC officers who were not graduates of pharmacy and placed them in the Pharmacy Corps, due to the fact that at that time they had longevity of service. I think there were some 40 of them. A good many of those boys were not graduate pharmacists. It is possible, of course, that they will continue in this corps. It is felt that that section, as it develops in years to come, should be headed by a pharmacist who is a graduate of pharmacy. I would like for General Kirk to verify that.

General Kirk. That is correct, sir. This Pharmacy Section will have many people in it that initially won't be pharmacists. We suspect that in the future most of the Pharmacy Section will be made up of pharmacists, but at the moment it is not or will not be for some years, which isn't true of the Optometry Section. There will be optometrists in that alone as a separate section. There will be many others other than pharmacists in the Pharmacy Section initially. There were, before we integrated, as Mr. Durham has stated, 40 officers that were transferred from the Medical Administrative Corps to the Pharmacy Corps when the Pharmacy Corps bill was passed in 1943.

Mrs. Smith. Will the gentleman, Mr. Durham, yield to me?

Mr. Durham. Yes.

Mrs. SMTH. Would there be any chance that the head of the

Optometrist Section be anyone but an optometrist?

General Kirk. If it is the committee's pleasure, it would not embarrass us at all if it were stated that the chief of the Optometry Section must be an optometrist, but I don't think it is necessary to put in his qualifications because he wouldn't be in the corps unless he had those qualifications.

Mr. RIVERS. That would obviate the feeling that he might be

an-what was it, an oculist?

General Kirk. An optician.

Mr. RIVERS. An optician, for instance.

General Kirk. Yes.

Mr. Bates. Where would you insert that language, General?

General Kirk. "The Chief of the Pharmacy Section shall be a graduate of an approved school of pharmacy." "The Chief of Optometry will be a graduate of an approved school of optometry."

Follow right along.

Mr. BATES. Madam Chairman-

Mrs. Smith. Mr. Bates -Mr. Durham, do you yield to Mr. Bates?

Mr. Durham. I yield. Mrs. Smith. Mr. Bates.

Mr. Bates. General, do you approve this amendment relative to the Chief of the Pharmacy Section being a graduate of an approved school of pharmacy?

General Kirk. It is acceptable to us.

Mr. Bates. Do you also accept the suggestion that the Chief of the Optometry Section shall be a graduate—shall be a licensed optometrist, or shall be an optometrist?

General Kirk. "Shall be an optometrist" will meet all the requirements of what is desired by the amendment that has been proposed to you, sir, without adding any scholastic qualifications.

Mr. Bates. So that you would say that the Chief of the Optometry Section will in fact, while not according to law, be a graduate of a recognized school or college of optometry?

General Kirk. Yes, sir.

Mr. Bates. You don't think it is necessary to insert that in the

General Kirk. I am sure that is what will happen. If it is the desire of the committee to insert it in the law we have no objection.

Mr. Rivers. Would you accept—Mr. Bates, have you finished? Mr. Bates. No, I had another question.

Mr. RIVERS. General-

Mrs. Smith. Mr. Bates has another question.

Mr. RIVERS. Excuse me.

Mr. Bates. General, there would be some inconsistency in the action of the committee if we approved that the Chief of the Pharmacy Corps shall be a graduate of an approved school of pharmacy and let, perhaps, the Chief of Optometry out as being also of the same qualifications. Can you tell us how many optometrists you have in the War Department today?

General Kirk. None. Mr. BATES. None at all?

General Kirk. Not as commissioned officers in this corps.

Mr. Bates. How many would qualify under the provisions of this bill who are now in the Army? What is the estimate of the optometry section?

General Kirk. Our estimated requirements for optometrists as we initially stated in our presentation, would amount to about 2 percent of the strength of the corps.

Mr. Bates. And the corps would be-

General Kirk. An estimated strength of a thousand. Mr. Bates. So you would have about 20 optometrists?

General Kirk. Yes, sir. That is, initially. Those are planning figures. We don't know what our requirements will be. That is why we want to keep this flexible. It will be acceptable to us to state that this section be headed by an optometrist who is a graduate of an accepted school of optometry.

Mr. Bates. Is that the substitute amendment that will be offered

by Mr. Rivers?

Mr. RIVERS. Yes; that will be acceptable. Mr. Bates. That is all right. I have no objection.

Mr. RIVERS. I will be glad to submit the amendment, although nobody has asked me to. Mr. Durham, if you will yield——Mrs. Smith. Did you finish, Mr. Bates?

Mr. GAVIN. Madam Chairman, who has the floor?

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. That is all right.

Mr. Gavin. He may be a graduate of a school of optometry, but this suggests that he has been licensed to practice his profession. Supposing you get a man who is a graduate of a recognized school of optometry and he hasn't been licensed? I am merely discussing it to see what that means relative to graduates and being licensed. I don't know how you are going to submit this amendment.

General Kirk. That will be a requirement written into the Army regulation, that the candidate for commission in this corps must meet. Ordinarily, that is written into Army regulations. We expect to see

this corps made up of the best men in America.

Mr. Gavin. Wouldn't it be better for us, Madam Chairman, to permit the War Department—and the general—to review this matter and bring up at the next regular meeting a recommendation or suggestion so that the substance can be incorporated properly without trying to write in something here that may not be satisfactory?

Mrs. Smith. The Chair would state, Mr. Gavin, that the War Department has worked on this and offered the amendment we are

discussing for the Pharmacy Section.

Mr. GAVIN. I understand.

Mrs. Smith. If we can get a clearing of it here it would expedite action on this bill.

Mr. Bates. Madam Chairman-

Mrs. Smith. Mr. Bates.

Mr. Bates. General, were these amendments, as to the Chief of Pharmacy and the Chief of Optometry, offered during the hearings at any time?

General Kirk. I didn't understand.

Mr. Bates. Were either of these amendments offered by witnesses during the hearings?

General Kirk. I think they were offered by my group.

Mr. Bates. No. Testimony of witnesses.

General Kirk. I think they were, sir. I know the Pharmacy offered theirs. Whether the Optometry Section did or not, I can't be too sure. I think that I left that morning before the hearing was completed.

Mrs. Smith. The Chair will state the optometrists' representative

did appear and offer this suggestion, Mr. Bates.

Mr. RIVERS. Do you have any objection to that amendment, General Kirk? With Mr. Durham's permission I move that the section be amended to include after the word "Pharmacy"—

that the Chief of the Optometry Section shall be a graduate of an approved school or college of optometry.

Mrs. Smith. Is there any discussion of Mr. Rivers' amendment to Mr. Durham's amendment? [No response.] Without objection it is adopted.

Now, we will act on Mr. Durham's amendment, as amended. Is there any objection to the adoption of Mr. Durham's amendment, as

amended?

All those in favor of adoption raise your hands. None opposed. Without objection, section 2 is adopted as amended and read.

All right, Colonel.

Colonel Kintz. Reading on page 3, line 12:

Sec. 3. Except as provided in Public Law 281, Seventy-ninth Congress, approved December 28, 1945, as amended, and except as hereinafter provided for transfer thereto, original appointments in the Medical Service Corps, Regular Army, shall be made only in the grade of second lieutenant from citizens of the United States between the ages of 21 and 30 years, who possess such physical and other qualifications as may be prescribed by the Secretary of War.

This section provides for the initial appointment in this corps following the integration which was established by Public Law 281 and such transfers as would be made to this corps if and when established from the already existing Pharmacy Corps now in the Regular Army by statute.

An amendment has been suggested and we offer it for the committee's consideration to be inserted on line 18, after the word "years"

and before "who", as follows --

Mr. RIVERS. At that point, Madam Chairman—excuse me. I thought you had finished.

Colonel KINTZ (reading):

who are graduates of recognized schools of pharmacy approved by the Surgeon General, or graduates from schools or colleges granting degrees in sciences allied to medicine approved by the Surgeon General and—

Mrs. Smith. Just what would that do?

Colonel Kintz. That establishes the qualifications for initial appointments in this corps that all applicants will have a minimum of a 4vear college graduate level of education.

Mrs. Smith. That means after integration no more men will come

up from the ranks into this section?

Colonel Kintz. Unless they have this 4-year college graduate level of education.

Mr. RIVERS. It gives the Surgeon General the right to prescribe the qualifications and O. K. the colleges from which they come?

Colonel Kintz. That is right.

Mr. Rivers. Now, would you have to put anything in there about

the optometrists to make it consistent?

Colonel Kintz. No; because we say, "sciences allied to medicine," and they can be interpreted rather broadly. It is our desire that the caliber and quality of personnel in this Medical Service Corps be at the highest level that we can have it, because we visualize this corps as having definite possibilities in the postwar world. We feel that the possibilities of this corps, being of such a tremendous aid to the Medical Department, that the educational level of this corps should be kept just as high as we can make it.

Mr. Durham. I move the adoption of the section with the amend-

ment as suggested.

Mr. RIVERS. I second the motion.

Mrs. Smith. You have heard the motion, the motion of Mr. Durham, that section 3, as amended, be adopted.

Mr. Bates. Madam Chairman-

Mrs. Smith. Mr. Bates.
Mr. Bates. You probably observed yesterday, on the floor of the House, the inquiry that was made by a Member of the House relative to this very provision that we are now considering, as to whether or not we are going to close the door on young men in the military service, with initiative, ability, willingness to better themselves, whether or not they are going to be denied a commission in the Army.

When the colonel speaks about the advances in the science of war, and how we must provide a military organization of the most potent character to deal with the problems arising, we must have in mind that in the Navy today we are bringing men up through the ranks to become

commissioned officers.

Colonel, do you see any distinction between the two branches of the service, insofar as the technical requirements and experience is con-

cerned, is there any difference, in your opinion, Colonel?

Colonel Kintz. I think there is a definite basic difference, Mr. Bates. In the enlisted Hospital Corps of the Navy they already have an educational requirement that the man must be a high-school graduate. They have an enlisted corps which is set up by statute wherein once a man, an enlisted man, is assigned to this corps, he is then not available for other duties outside of that corps, and they can keep the man for a number of years and train him and bring him up. We do not have a similar situation in the Army. Enlisted men in the Army are given 8 weeks' basic training over all. There is not a high-school-graduate requirement for an enlisted man in the Army, as you know. After his 8 weeks' basic training, he is selected for branch training. A proportionate share from the basic-training classes come to the Medical Department.

We then screen those enlisted men as to their particular skills, aptitude, education, and so forth, and assign them to various types of Medical Department training. Some are trained as X-ray technicians, some are trained as laboratory technicians, and so forth.

The period of time of that training during the war has varied from 8 to 36 weeks for the various types. When the man completes this training he is then assigned to duty to a unit either overseas or in the Z1. When he arrives in a theater he is already classified, that is, he has a military occupational specialty assigned to him by reason of his particular technician training, but there is nothing in law or regulation which says that this man must be used in that capacity, and as we saw during wartime, with the scarcity of riflemen, for instance, it was frequently necessary to use Medical Department enlisted men as riflemen.

At the time of the Bulge I recall very well we had to pull out from our hospitals many of our enlisted men from the Medical Department and give them a hurried-up Infantry rifleman training and send them up with line outfits.

So I feel there is a basic difference, to answer your question, be-

tween the Army and the Navy here.

Mr. Bates. I raise this question for two reasons. First of all, it is necessary to keep the door open for the encouragement of the young Americans who deserve to get ahead, and who in their early days of

life did not have an opportunity.

Secondly, because of the issue that took place. I think at the second last hearing, when the representative of the Navy Department Hospital Corps made the statement that he believed that they have all the facilities for training these men to become outstanding pharmacists and to qualify as commissioned officers, and the Army does not. When that statement was made the issue was very quickly excepted to by representatives of the Army who were here that day, and in order to stop the discussion further we forgot about the question.

Now, following that thought up, if the Army training is adequate and parallels that training in the Navy, then the question naturally enters my mind as to why a boy in the Navy can qualify and meet all the requirements of this so-called atomic age and be commissioned an officer in the Navy, while at the same time, with all this training in the Army, as was suggested you do have, the boy cannot qualify.

Now, I don't know who took issue with the Navy the other day, but one of your men did, and apparently on the ground that your training program is equal to that of the Navy. So the question is,

If it is, why deny these boys a commission?

Colonel Kintz. I took issue with Commander Young's statement. He had not completed the statement he was making. I believe that if Commander Young had been allowed to finish his statement we would not have objected, as we did do, quite so vigorously. The impression that we gained from Commander Young's remarks—and which he did not mean the way we understood it, because I have talked with him about it since—we got the impression that there might be some question as to the adequacy of training of Medical Department enlisted men in the Army—

Mr. Bates. To meet Army requirements.

Colonel KINTZ. Yes.

Mr. Bates. Then the issue wasn't the training of the men to a degree that would qualify them for a commission. That wasn't the point that Commander Young was making that day, then?

Colonel KINTZ. As I said, he didn't complete his statement, and I believe that if he had gone ahead and completed the full statement we

would not have objected so strenuously.

Mr. Bates. In other words, the point you want to make is that in your opinion the Army does not possess the facilities or the type of program that would permit a boy to become fully qualified for a commission in the Army Pharmacy Corps?

General Kirk. May I say a word, sir?

Mr. Bates. Yes.

General Kirk. During the war, as you know, there were Army officer candidate schools to train officers.

Mr. Bates. That is right.

General Kirk. I am told that it is the War Department's plan to continue those officer courses, that a man that qualifies for commission will be given a Reserve commission, and then can be assigned to active duty and Regular Army rank, depending upon his ability and background, which still leaves the door open, as I understand it, so that he could be commissioned in this corps if he had the educational and other background, including leadership, that was necessary, and that made him fit to be commissioned as an officer.

Mr. Bates. In a temporary status?

General Kirk. No.

Mr. Bates. Reserve status?

General Kirk. No.

Colonel Michaelis. May I answer that?

General Kirk. Yes.

Colonel Michaelis. We had, prewar, the Thomason Act, as you recall, which took in a thousand Reserve officers annually. We were allowed to commission 50 into the Regular Army after a year's competition. The War Department plans to go into a similar program. We will get the ROTC men, bring them on extended active duty for 1 year, give them a competitive examination, and a certain percentage, of the successful personnel, will be commissioned in the Regular Army.

To attract into the Regular Army high-quality men we are going to open the same program for enlisted personnel. We will send them to the officer candidate school. These men who successfully complete the school will be given a Reserve commission of second lieutenant, and after competing for 1 year, may if selected receive Regular

commissions.

Mr. Bates. Could they possibly get that kind of training in pharmacy that would quality them under this amendment?

Colonel MICHAELIS. They would have much more success in the

line.

Mr. Bates. I know that. I am speaking about the boy who is interested in going through an organization similar to the Hospital Corps or the Pharmacy Corps in the Navy.

Mr. GAVIN. Will the gentleman yield? Mr. BATES. Yes.

Mr. GAVIN. In other words, if you had an ambitious enlisted man who had been in the Pharmacy Corps and he indicated a desire for a higher rank, if you thought that he had the ability you might recommend him to an officer training school whereby he could secure a commission, and then could he be returned into the Pharmacy Corps?

Colonel Michaelis. If he possessed the necessary qualifications of the Pharmacy Corps. If he did not he would be commissioned in some line agency, sir.

The point is we do want to attract into the Army enlisted personnel

of the highest quality.

Mr. Bates. What my colleague refers to, of course, is the commissions in the ranks. That is what he has in mind. I am speaking about the boys in the Pharmacy Corps who desire to be commissioned in the Pharmacy Corps, and the War Department may not have a curriculum that qualifies a boy to become a commissioned officer in the Pharmacy Section under the amendment we are now considering here.

Colonel MICHAELIS. That is true, sir.

Mr. Bates. Now, the reason I raise that question is, as I said, because on the floor of the House yesterday, on the Army and Navy nurse bill, a Member of the House got up and vigorously interjected to ask whether or not this is the bill that precludes a boy from coming up through the ranks to a commission in, say, the Hospital Corps or Pharmacy Corps, and I told him, during the discussion of the bill yesterday, that the matter that he had in mind was now under consideration by the committee, and that is the matter we have presently before us. I want the record to show exactly what you have to say in this matter, and particularly in view of the explanation of the colonel, here, that the War Department does not have a training program similar to that of the Navy for hospitalization training and pharmacy training that would, in his opinion, make them eligible for a commission in the Pharmacy Corps. That is precisely what you said, colonel, isn't it?

Colonel Kintz. The two systems of education are different.

Mr. Bates. Dissimilar. The Army system is not parallel to that of the Navy and does not qualify, in your opinion—does not permit, rather - the qualification of these boys for a commission in the Phar-

macy Section?

General Kirk. I think some would be qualified, sir. As I stated in my original remarks, after World War I we commissioned in the Medical Administrative Corps noncommissioned officers of the Medical Department of the Army. There were certain men that did a splendid job and are still officers in the Pharmacy Corps. There were others that were commissioned that weren't so good and didn't do well. They didn't have the educational background, the moral fiber, and other things that it takes to make an officer. So in planning this corps we felt that we wanted the people in that would make this corps comparable to any branch of the Army. We didn't want an inferior corps, with people commissioned in it that did not have the background, educationally, morally, and otherwise, as an officer. That was the reason for commissioning only college graduates in this corps.

Mrs. Smith. Mr. Durham.

Mr. Durham. Madam Chairman, I don't think the two questions are parallel, the questions that Mr. Bates raises, because, in the first place, the Nurse Corps is comprised of women entirely; we do not

provide in the Nurse Corps for male people. Another thing, of course, this is an entirely different corps from the Nurse Corps. The Nurse Corps is a service corps. It is not a research group, a scientific body of people. We have got an entirely different situation here.

Mr. GAVIN. Will the gentleman yield?

Mr. Durham. Yes.

Mr. GAVIN. I think Mr. Bates is trying to see if opportunity cannot be given to an enlisted man to qualify for a commission in this Medical Service Corps, if there is some manner or means by which a boy who might have been denied opportunity for that education might be qualified in some manner if he indicated an ambition for a commission, that he would be given such an opportunity, the opportunity to secure such a commission, after certain education,

Mr. Durham. That question, of course, has arisen in the Military Affairs Committee on many occasions. We have always tried to provide for it and have provided for it through the Reserve Corps, ROTC training. If the man is qualified, he is taken out and sent to some ROTC training school. It is a question of him being able

to advance.

Mr. BATES. Will the gentleman yield?

Mrs. Smith. Colonel?

Coloner Michaelis. I would like to point out, as Mr. Gavin just mentioned, we want to give an opportunity to these people to be commissioned, but this corps, the particular corps in question, is a small specialized corps. We found out prewar that the individual who lacks educational qualifications, who had, let us say, just a high-school education, suffered materially in competition with his fellow officers. The Personnel Act of 1947, being submitted to the Congress Monday, calls for a certain amount of direction in our promotions. It is bound to hit those people commissioned in the lower ranks who can serve adequately there but who suffer when they compete for the higher ranks.

These young individuals that Mr. Gavin and Mr. Bates talk about, who do have the ambition and the desire, the Army will send them to colleges and universities after they are commissioned, to get specialized training, but I do not believe the Army can send them for

4 years to get a complete pharmacy training. Mrs. Smith. Mr. Durham.

Mr. RIVERS. Madam Chairman-

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. Colonel, when they ask us on the floor about the thing that Mr. Bates is trying to get straight we can tell them that this is a professional corps and the people in it have got to have some background, and a high-school background is not sufficient?

Colonel Michaelis. That is correct, sir.

Mr. RIVERS. Therefore, the young man without the qualifications cannot qualify?

Colonel Michaelis. That is correct, sir.

Mr. Bates. Madam Chairman-

Mrs. Smith. Mr. Durham has the floor.

Mr. Durham. I yield. Mrs. Smith. Mr. Bates. Mr. Bates. First of all, Mr. Durham, I had no purpose in drawing a parallel between the Nurse Corps, but merely said that while the Nurse Corps bill was under discussion a Member arose on the floor and inquired as to whether or not the nurse bill was a bill that related to pharmacy, and I told him it was not.

Now, Colonel, you bring out the point, again, that a high-school education is not in itself a sufficient educational background. That

is the essence of what you have said?

Colonel Michaelis. For the specialized corps; yes.

Mr. Bates. Let's call it the Pharmacy Section. That is what you said in fact. Have you studied the naval system?

Colonel MICHAELIS. I have talked to Commander Young slightly

about it.

Mr. Bates. How many commissioned officer pharmacists in the Navy today are college graduates or have an education beyond that of high school, other than the education they acquired by the so-called burning of the midnight candle, and so on?

Colonel Michaelis. I am sorry; I cannot answer that, sir. Mr. Bates. Commander, can you answer that question?

Commander Young. Approximately 10 in the Hospital Corps out of 575.

Mr. BATES. College graduates, and the others-

Commander Young. Are men who have a high-school education and who have gone through our system of training.

Mr. Bates. And who are not-

Commander Young. They must have a high-school education.
Mr. Bates. They could acquire that by additional work after they
get through their so-called academic training?

Commander Young. Yes, sir.

Mr. Bates. So that you have in the Navy today exactly what the commander has said, out of some 500 men only 10 college graduates. My reason for suggesting this throught is that we are closing the door on relatively the same men in the Army; but if the War Department wants to rest on the statement made by the colonel that their training system is inadequate to qualify men to a commission grade the same as the Navy I will let the issue stand at that.

Mr. Gavin. What was that you said? If the Army wants to what? Mr. Bates. Haven't a system of training that in their opinion would qualify men for a commissioned grade in the Pharmacy Section, separate from the ROTC training, then we will let that question rest

entirely on the basis of what he said.

Mr. RIVERS. Mr. Chairman, may I have the floor?

Mrs. Smith. Mr. Durham has the floor.

Mr. Durham. I would like to ask one question.

Commander Young, during the war a 2-year college education was a requirement of the Navy?

Commander Young. That is incorrect, sir. Not in the Hospital

Corps.

Mr. Durham. I am not talking about the Hospital Corps. I am talking about your line officers.

Commander Young. No, sir. There were many men who went to commissioned rank in the Navy who had never completed 2 years' college work.

Mr. Durham. At one time these boys you were taking in from outside were required to have 2 years of college education; isn't that correct?

Commander Young. That is correct regarding some of them, sir; those commissioned direct from civilian status. At the same time we had several thousand commissioned from the ranks who did not have 2 years of college education.

Mr. Durham. Oh, yes.

Captain Nunn. Mr. Durham, what you have said is true with reference to the entrance of officers from civilian life and officers of the line and other staff boys who could be taken into the Navy or the Naval Reserve from civilian life; yes, sir.

Mr. Bates. That is under the V-7 program?

Captain Nunn. Yes. What I have said does not apply to people

who secured commissioned rank from enlisted status.

Mr. Rivers. Isn't the real reason for the demarcation between the Navy system and the Army system that the Navy is a smaller unit than the Army, the Navy sends a self-contained unit out—say, a submarine—and must have people qualified in many respects, whereas the Army doesn't; the Army can carry their doctors with them, and a submarine cannot, it is not large enough; and the Army wouldn't send out a small group, like on a submarine, because they would be wiped out overnight, and therefore the Navy requires somebody who has a wider scope of education and training, because of its smallness. Isn't that correct, in substance? That is what I believe, anyway. What about it?

Admiral Swanson. Our Hospital Corps men, of course, are trained to such a high peak that they can serve on independent duty where there is no medical officer.

Mr. RIVERS. A pharmacist's mate in your place is not a pharmacist:

he is a doctor, really.

Admiral Swanson. Well, I think the essential difference is that the Pharmacy Section of the Army is comprised of two parts, a Pharmacy Section and an Administrative Section. Our men really come into the Administrative Section. They become the commissary officers, the finance officers, and so forth, of our establishments.

Mr. Rivers. So a man of the opposite number in the Navy has to have more training; he goes out on his own aboard one of these ships?

Admiral Swanson. Yes. I have given you the brochure on the

Admiral Swanson. Yes. I have given you the brochure on the training of the Hospital Corps men. We train our Hospital Corps men for independent duty.

Mrs. Smith. General Kirk, may I ask this:

As I understand it the Navy proposal is that 20 percent of these will come from persons who are graduates of recoganized schools of pharmacy, 5 percent from persons who are graduates of recoganized schools of optometry, and 75 percent from persons serving as commissioned warrant or warrant officers of the Hospital Corps. The Army says they shall all come from approved schools of pharmacy, after integration. Is it because you don't have the training school like the Navy has that you are proposing this, or could you word your bill similar to the Navy bill, a certain percentage, not necessarily the 25–75.

General Kirk. Madam Chairman, the training in the Army has been as Colonel Kintz has stated. Unfortunately, we didn't have a branch allotment during the war so we can continue to train our men and

keep them in the Medical Department. We do train and will train, in peacetime, I trust, and we did before the war, men comparable to the Navy in their training and their Hospital Corps. We had a Medical Department, and before the war we had a branch allotment in which we trained these people.

in which we trained these people.

Now, to meet the problem that you have stated, I can see that you feel that we should compromise and put into our Medical Service Corps some means by which a man properly trained and believed to meet the requirements should be commissioned from the line, or from the enlisted ranks, rather than going to an officer candidate school, which

is the means the Army will set up.

I should dislike very much to have precentages. Instead of having a percentage in the corps of some college graduates and some from the line, if we could wipe out all percentages and just get qualified men we might get a parallel bill here. But to say that 75 percent, or any other percent, shall come from the line, and 25 percent, or any percent, are going to be graduates of pharmacy, or college graduates, I should sooner see it read that they be college graduates as we have stated we desire, or meet requirements as set by the Secretary of War.

Now, if we had the same phraseology in both bills, I think we could do what the committee apparently desires be done, that we have a corps of properly educated people to keep up that corps, a corps of officers that we wouldn't be ashamed of, that will be as good as an officer of the line, and at the same time allow men to come from

the ranks.

Mrs. Smith. General, I personally feel that the Pharmacist Corps is essential to the Army, as essential as the doctors are. I think they must be of a very high standard. Yet I also want to find some way to take care of the corpsman who is struggling to reach the top. Now, I am thinking, again, that this bill is essential if we are to keep some of the men that we want to keep in the services and get more of them. With the talk about the merger, we are going to have difficulty enough anyway in getting any of these bills through at this time, so I am hoping that we can get our house in order by coming together as near as possible.

I don't want to do anything that will be detrimental to the service because that comes first, but it seems to me that the Army and Navy

could find some compromise here.

General Kirk. Madam Chairman, might we have Colonel Kintz read again this amendment and add a couple of words to it and see if that would meet what your objection is as presently presented?

Mrs. Smith. Yes. Colonel Kintz. I might say I don't object to this, but I am trying to get through something that will meet the needs, give proper recognition to the Pharmacists and the enlisted men, all that will be approved by Congress.

General Kirk. I appreciate that. I perhaps used the wrong word. Colonel Kintz. This would be reworded to meet that provision essentially as follows. I don't have the exact wording worked out,

but it would be essentially this:

Who are citizens of the United States between the ages of 21 and 30 and who possess such physical and other qualifications as the Secretary of War may prescribe, and who are graduates of recognized schools of pharmacy approved by the Surgeon General or graduates from schools or colleges granting degrees in sciences allied to medicine approved by the Surgeon General, or who possess such qualifications as the Secretary of War may prescribe.

Mrs. Smith. That would allow for the corps man to work his way up? Colonel KINTZ. Yes.

Mr. Durham. You will do it by regulation? Colonel Kintz. Yes.

· Mr. Bates. Madam Chairman-

Mrs. Smith. Mr. Bates.

Mr. Bates. Colonel, that is repetition of language you already have in the bill. If you will note on line 18, "who possess such physical and other qualifications as may be prescribed by the Secretary of War," and then if you insert "or who are graduates of recognized schools of pharmacy approved by"-

Colonel Kintz. It would mean essentially the same thing.

Mr. BATES. Yes.

General, as I said, the only thought I had in mind was to try to meet the objection I think we will meet on the floor of the House on this bill. I think it is essential to get this bill through. Yet there is a principle involved as to whether or not we have closed the door to the young man that is trying to get ahead in the military service. Now, do you think that—you said before that in the Army you trained them comparable to the training they get in the Navy in the Hospital Corps

General Kirk. In the peacetime period we hope to equal the Navy. Mr. Bates. That being so, is there any reason why the men who are trained comparable to those in the Navy should not be entitled to the same benefits, that is, a commission in the Army, the same as the boy

in the Navy will be commissioned?

General Kirk. If it isn't abused, sir.

Mr. Bates. What? The only one that can abuse it is the Secretary of War, he is to be held responsible. I certainly hope there isn't political pressure from the Capitol here to force you to put men in the Medical Corps who are not competent to serve there.

General Kirk. It comes back to the service, sir; if it is abused it

will not be the fault of Congress.

Mr. Bates. Do you think this amendment is all right, as read by

Colonel Kintz?

General Kirk. That will solve the problem that faces us now so that we can assure an enlisted man that in this service corps he has an opportunity to get a commission if he meets the requirements.

Mr. Bates. Those requirements are set, of course, by the Secretary

of War.

General Kirk. Yes, sir.

Mr. Bates. I have no objection to that language. I think there should be some flexibility of action on the part of the Secretary of War to establish regulations under which these men must qualify and it should be a high standard. I don't say he should be required to be a graduate of an approved school.

Mrs. Smith. Mr. Durham, would you withdraw your motion—

until Colonel Kintz reads the second amendment?

Mr. Durham. Yes.

Mrs. Smith. Colonel Kintz.

Colonel Kintz. Madam Chairman, are you speaking of the second amendment which we have relative to percentages, or the amendment that we were discussing?

Mrs. Smith. The second amendment, so that we can get that into

the motion. The second amendment that you offered originally.

Colonel Kintz. The amendment to the amendment.

Mrs. SMITH. Line 19.

Colonel Kintz. There was a second amendment, which we originally planned to offer, which would be inserted at the end of line 19, after the period following the word "war", change the period to colon and insert

Provided. That the number that may be authorized for appointment annually, a minimum of 30 per centum of the Pharmacy Section shall be from persons who are graduates of recognized schools of pharmacy, approved by the Surgeon General. Provided further, That sufficient qualified applicants are available.

Mr. RIVERS. Will you yield?

Mr. Durham. Yes. Mr. Rivers. This would provide for a minimum of 30 percent?

Colonel Kintz. Yes.

Mrs. Smith. Mr. Durham.

Mr. Durham. I renew my motion to adopt section 3, with the amendment as suggested by the Surgeon General's office.

Mrs. Smith. You have heard Mr. Durham's motion that section 3,

as amended, be adopted.

Mr. Bates. Let's have that suggested amendment. Did you get that down, Mr. Smart?

Mr. SMART. Yes, sir.

Mr. Bates. As stipulated by Colonel Kintz. Will you read it out, please?

Mr. SMART. Following the word "war", line 19, insert the words:

or who possess such qualifications as the Secretary of War may prescribe.

Again, on line 17:

from between the ages of 21 and 30 years who possess such physical and other qualifications as may be prescribed by the Secretary of War.

Is that the other suggested amendment?

Mr. Bates. No.

Colonel KINTZ. That is the way I read it, but Mr. Bates suggested a little switching of the phrase.

Mr. Bates. You had a duplication of words.

Colonel Kintz. This is a rather difficult one because there are two alternatives, and there is a general requirement. First of all, the man must be a citizen. He must be between 21 years of age and 30 years of age. Then there are certain other provisions which should be established. He must have certain physical qualifications. Then we say, "other qualifications as established by the Secretary of War, moral and otherwise," and then we have the alternative here of two things. We would like to say "and/or", but the War Department Judge Advocate General Department does not like the wording in a bill of "and/or." It is said to be ambiguous. So we tried to word this so that we would get away from the wording of "and/or." It makes it a little difficult to write it down sentence by sentence without repeating "qualifications as the Secretary of War may prescribe," as you have stated, Mr. Bates. If you will notice the way I read it—I will read it again:

Who are citizens of the United States between the ages of 21 and 30, and who possess such physical and other qualifications as the Secretary of War may prescribe.

There the Secretary of War is prescribing other qualifications, such as physical, moral, and so forth. Then we go on—

and who are graduates of approved schools, who possess such qualifications as the Secretary of War may prescribe.

It does repeat "as prescribed by the Secretary of War" twice, but to bring out the meaning we felt it was necessary.

Mr. Durham. It gives you the right by regulation to waive the educational requirements of this entire corps, if you want to.

Mr. RIVERS. Up to 70 percent.

Mr. Durham. All of them. Every man on this list.

Mr. RIVERS. Provided there is that minimum of 30 percent.

Mrs. Smith. What about that, General Kirk?

General Kirk. Mr. Durham has stated that we could waive all educational requirements. That is correct. It leaves it to the Secretary of War to determine what the educational requirements will be for anyone that is admitted to this corps, regardless of the proviso that we have in the same amendment that they will be college graduates.

Mr. RIVERS. But if we accept this later amendment you have to

get 30 percent from recognized schools.

Mr. Durham. I renew my motion.

General Kirk. Thirty percent has to come from graduates of

pharmacy.

Mrs. Smith. All those in favor—you have heard Mr. Durham's motion that section 3 be adopted as amended by the two amendments originally presented by Colonel Kintz.

Mr. Bates. "Or meets the requirements set by the Secretary of

War," Mr. Durham accepted that amendment.

Mrs. Smith. No; he did not.

Mr. Bates. I see.

Mrs. Smith. Mr. Durham's motion is to adopt section 3 as amended. The first amendment is page 3, line 18. The second amendment is page 3, line 19, as read by Colonel Kintz. Is that correct?

Colonel Kintz. As I understand it, that is what Mr. Durham—— Mr. Bates. We want to get Colonel Kintz' language into this

amendment.

Mrs. Smith. This is Mr. Durham's amendment. Now, you want

to offer a substitute amendment?

Mr. Bates. Amend that; yes. I want to amend the amendment offered by Mr. Durham, which is typed on the sheet here, page 3, line 18, after the word "years" and before the word—

Mr. Durham. Amend the motion; not the amendment.

Mr. Bates. I am moving to amend your motion by adding the additional words after the words "the Surgeon General"—. Now, Colonel, will you read the language—"or possess such qualifications as the Secretary of War may"—

Colonel Kintz. "Who possess such qualifications as the Secretary

of War may prescribe."

Mr. Bates. "As the Secretary of War may prescribe."

Colonel KINTZ. Yes.

Mr. Bates. After the words "the Surgeon General," "and/or possess such qualifications as the Secretary of War may prescribe."

Mrs. Smith. Does that mean except 30 percent?

Mr. Bates. It doesn't have anything to do with that.

Mr. Durham. It places in the hands of the Secretary of War—it takes all authority out of the hands of the Secretary of War.

Mrs. Smith. All in favor of Mr. Bates' amendment to Mr. Durham's

motion will say "aye."

Mr. Durham. I am voting my own and Mr. Winstead's proxy "No."

Mr. RIVERS. The motion is tied.

Mr. BATES. I ask for a show of hands.

Mrs. Smith. All those in favor of Mr. Bates' amendment to Mr. Durham's motion, raise your hands. [There was a show of hands.]

Mr. Bates' amendment is lost.

Now, Mr. Durham's motion that section 3 be adopted as amended in lines 18 and 19, raise your hands.

(There was a show of hands.)

Without objection, section 3 will be adopted as amended.

The nurse bill is first on the floor today, coming immediately upon convening of Congress.

Mr. Durham. I move that we adjourn.

Mrs. Smith. Without objection, the committee will adjourn to further call.

House of Representatives,
Committee on Armed Services,
Subcommittee No. 9, Hospitalization,
Health (Medical Corps),
Tuesday, April 29, 1947.

The subcommittee met at 10 a.m., Hon. Margaret Chase Smith, chairman, presiding.

Mrs. Smith. The committee will come to order.

This meeting was called to continue action on the three bills H. R.

1982, 1603, and 1361.

You will remember that, because of several differences between the bills, it was suggested the Army and Navy get together on them, if they could.

When we discontinued, we were reading H. R. 1982 section by section. The committee has already voted to report H. R. 1603 out to the full committee. No further action was taken. But as things have developed, it seems rather premature for H. R. 1603 to go to the full committee as it is, since its provisions are incorporated in this new bill H. R. 3215.

The Chair will entertain a motion to rescind the previous subcom-

mittee action to report out H. R. 1603.

Mr. Rivers. Madam Chairman, some time during the month of March, the action of this subcommittee to favorably report to the full committee H. R. 1603 was effectuated. I move now that the action of the committee, whereby we decided to report this bill favorably be reconsidered for the purpose of considering this bill in place of 1603.

Mrs. Smith. Without objection, the previous action of this com-

mittee to favorably report H. R. 1603, is rescinded.

(H. R. 3215 is as follows:)

[H. R. 3215, 80th Cong., 1st sess.]

A BILL, To revise the Medical Department of the Army and the Medical Department of the Navy, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Army-Navy Medical Services Corps Act of 1947".

TITLE I

ARMY MEDICAL SERVICE CORPS

SEC. 101. Effective the date of enactment of this Act, there is established in the Medical Department of the Regular Army the Medical Service Corps, which shall consist of the Pharmacy, Supply, and Administration Section, the Medical Allied Sciences Section, the Optometry Section, and such other sections as may be deemed necessary by the Secretary of War, and which shall perform such services as may be prescribed by the Secretary of War. The authorized strength of the Medical Service Corps, Regular Army, shall be such strength as may from time to time be prescribed by the Secretary of War. The Medical Service Corps, Regular Army, shall consist of officers in the grades of second lieutenant to colonel, inclusive Provided, That the number of colonels on active duty in the Medical Service Corps, Regular Army, shall at no time exceed 2 per centum of the authorized Regular Army officer strength of such corps.

Sec. 102. (a) From the officers commissioned in the Medical Service Corps, Regular Army, in the permanent grade of major or above, the Secretary of War shall appoint the Chief of the Medical Service Corps, who shall serve as Chief during his pleasure, and who, if commissioned in permanent grade below colonel, shall, without vacation of his permanent grade, have the temporary rank, pay, and allowances of a colonel while so serving, and who, while so serving, shall be

superior in rank to all other colonels in the corps.

(b) From the officers commissioned in the Medical Service Corps, Regular Army, the Surgeon General shall appoint such Assistant Chiefs, who shall be Chiefs of Sections, and who shall be consultants to him in activities relative to

that specific section.

(c) Unless entitled to higher retired rank or pay under any provision of law, each such commissioned officer who shall have served for four years as Chief of the Medical Service Corps, shall upon retirement be retired with the rank held while so serving, shall receive retired pay at the rate prescribed by law computed on the basis of the base and longevity pay which he would receive if serving on active duty with such rank, and if thereafter recalled to active service shall be

recalled in such rank.

SEC. 103. Except as provided in Public Law 281, Seventy-ninth Congress, approved December 28, 1945, as amended, and except as hereinafter provided for transfer thereto, original appointments in the Medical Service Corps, Regular Army, shall be made only in the grade of second lieutenant from citizens of the United States between the ages of twenty-one and thirty years, who possess such physical and other qualifications as may be prescribed by the Secretary of War: Provided, That appointments from sources other than the Regular Army or its active Reserve shall be made from persons who are graduates from recognized schools of pharmacy or other schools or colleges with degrees in sciences allied to medicine or such other degrees as may be approved by the Surgeon General: Provided further, That persons holding doctorate degrees in sciences allied to medicine approved by the Surgeon General at time of appointment in the Medical Service Corps, Regular Army, may be credited at time of such appointment with an amount of service equal to three years, for the purpose of determining grade, position on premotion list, permanent grade seniority, and eligibility for promotion.

Sec. 104. Effective from date of enactment of this Act, commissioned officers of the Medical Service Corps, Regular Army, shall be promoted to the permanent grades of first lieutenant, captain, major, and lieutenant colonel as now or hereafter prescribed for promotion of promotion-list officers to such grades, respectively. Promotion to the permanent grade of colonel shall be by selection under regulations prescribed by the Secretary of War from officers in the grade of lieutenant

colonel with at least one year's service in that grade.

SEC. 105. Effective the date of enactment of this Act, Public Law 281, Seventy-ninth Congress, approved December 28, 1945, as amended, is hereby further amended as follows:

(a) Section 5 of said Act is amended by striking out paragraphs (c) and (d)

and inserting in lieu thereof a new paragraph (c) as follows:

"(e) Persons appointed in the Medical Service Corps shall be appointed in grades of second lieutenant, first lieutenant, captain, or major according to the periods of service with which they are credited in the same manner as set forth in paragraph (a) of this section for persons appointed in arms and services of the Regular Army, the officers of which are on the promotion list."

(b) Section 6 of said Act is amended by striking out from paragraph (b) thereof

the words "The Pharmaey Corps" and by striking out paragraph (c) thereof and

inserting in lieu thereof a new paragraph (c) as follows:

"(c) In the Medical Service Corps if he would upon appointment receive credit

for twenty-three or more years' service under section 5 of this Act.

Sec. 106. Officers of the Regular Army who, on the date of enactment of this Act, hold commissions in the Pharmacy Corps, are, effective the date of enactment of this Act, transferred in grade to the Medical Service Corps. Each such officer so transferred shall be reappointed in the Medical Service Corps in the permanent grade held by him at the time of such transfer; shall be credited for the purpose of determining eligibility for promotion, with continuous commissioned service on the active list of the Regular Army in the Medical Service Corps equal to the period of service credited to him for promotion purposes under existing provisions of law, and shall, subsequent to such transfer, be thereafter promoted in accordance with the promotion system set forth in section 104 of this Act.

SEC. 107. (a) Effective the date of enactment of this Act, the Pharmacy Corps

and the Medical Administrative Corps are abolished.

(b) Effective the date of enactment of this Act, persons holding temporary appointments or commissions in the Army of the United States permanently assigned or detailed to the Medical Administrative Corps, the Pharmacy Corps, or the Sanitary Corps, shall be automatically transferred and permanently assigned or detailed, as the case may be, to the Medical Service Corps, Regular Army, established by this Act, in the same temporary grade and rank held by them at

(c) The Secretary of War is authorized to prescribe from time to time such regu-

lations as may be necessary for the administration of title I of this Act.

No back pay shall accrue to any person by reason of the enactment hereof. (e) Effective the date of enactment of this Act, all laws and parts of laws, insofar as they are inconsistent with or in conflict with the provisions of title I of this Act, are repealed.

TITLE II

NAVY MEDICAL SERVICE CORPS

Sec. 201. Effective the date of enactment of this Act, there is established in the Medical Department of the United States Navy a Medical Service Corps which shall consist of the Pharmacy, Supply and Administrative Section, the Medical Allied Sciences Section, the Optometry Section, and such other sections as may be deemed necessary by the Secretary of the Navy. The authorized strength of the Medical Service Corps shall be 4 per centum of the authorized strength of the Hospital Corps. The Medical Service Corps shall consist of officers in the grades of ensign to captain, inclusive, and such officers shall take precedence next after dental officers: Provided, That the number of captains on active duty in the Medical Service Corps, exclusive of extra numbers, shall at no

time exceed 2 per centum of the authorized strength of such corps.

Sec. 202. Officers of the Medical Service Corps shall be staff officers and shall be subject to all provisions of law now existing or hereafter enacted relating to the advancement in rank and retirement of other staff officers, with the exception of the provisions relating to the composition of selection boards for staff officers. Boards for selection of officers of the Medical Service Corps for recommendation for advancement in rank shall be composed of not less than six nor more than nine officers of the Medical Corps not below the rank of captain: Provided, That in case there be not a sufficient number of officers of the Medical Corps legally or physically capacitated to serve on such board as herein provided, officers of the line on the active list above the rank of commander shall be detailed to duty on such board to constitute the required minimum membership.

Sec. 203. During the period that appointments to the Regular Navy may be made pursuant to section 5 of the Act of April 18, 1946 (Public Law 347, Seventyninth Congress, second session), all appointments to the Medical Service Corps

shall be made in accordance with the provisions of said Act.

Sec. 204. All appointments in the Medical Service Corps, except those provided for in section 203 of this Act, shall be in the grade of ensign from those persons serving as commissioned warrant or warrant officers of the Hospital

Corps of the Regular Navy and from other persons who possess such physical and other qualifications for appointment as may be prescribed by the Secretary of the Navv: Provided, That appointments from sources other than the Regular Navy shall be made from persons who are graduates of recognized schools of pharmacy or other schools or colleges with degrees in sciences allied to medicine or such degrees as may be approved by the Surgeon General: Provided further, That persons holding a doctorate degree in sciences allied to medicine approved by the Surgeon General at time of appointment in the Medical Service Corps may, subject to regulations to be prescribed by the Secretary of the Navy, be appointed in the grade of lieutenant (junior grade). No person shall be appointed under the provisions of this section unless he be a citizen of the United States between the ages of twenty-one and thirty-two years and until he shall have established his mental, moral, and professional qualifications to the satisfaction of the Secretary of the Navy.

SEC. 205. All appointments in the Medical Service Corps shall be made by

the President, by and with the advice and consent of the Senate.

Sec. 206. The Secretary of the Navy, under such regulations as he may prescribe, may revoke the commission of any officer appointed pursuant to section 204 of this Act in accordance with the provisions of section 12 of the Act of August 13, 1946 (Public Law 729, Seventy-ninth Congress): Provided, That any officer whose commission is so revoked and who at the time of his appointment under section 204 of this Act held permanent status as a commissioned warrant or warrant officer may be reappointed by the President without examination to such permanent status with the same lineal position and other rights and benefits which he would have had or would have attained in due course had he not been appointed in the Medical Service Corps.

Sec. 207. No officer of the Medical Service Corps shall be entitled to command in the line or any other staff corps of the Navy, nor shall any officer suffer reduc-

tion in pay or allowances by reason of appointment in accordance with this Act. Sec. 208. All laws now existing or hereafter enacted relating to the various staff corps of the Navy shall be construed to include the Medical Service Corps, unless otherwise provided in this Act.

SEC 209. The Secretary of the Navy is hereby authorized to prescribe the

necessary regulations to carry out the provisions of this title.

TITLE III

THE HOSPITAL CORPS OF THE NAVY

Sec. 301. (a) The first paragraph under the heading "Hospital Corps," page 572, volume 39, of the Statutes at Large (Act of August 29, 1916), as amended by

the Act of April 18, 1946 (Public Law 347, Seventy-ninth Congress, second session), is hereby further amended to read as follows:

"Hereafter the authorized strength of the Hospital Corps of the Navy shall equal 3½ per centum of the authorized enlisted strength of the Navy and Marine Corps, and as soon as the necessary transfers or appointments may be effected the Hospital Corps of the United States Navy shall consist of the following grades and ratings: Commissioned warrant officers and warrant officers, Hospital Corps, and enlisted men classified as chief hospital corpsmen; hospital corpsmen, first class; hospital corpsmen, second class; hospital corpsmen, third class; hospital apprentices, first class, and hospital apprentices, second class; such classifications in enlisted ratings to correspond, respectively, to the enlisted ratings, seaman branch, of chief petty officers; petty officers, first class; petty officers, second class; petty officers, third class; seamen, first class; and seamen, second class: Provided, That enlisted men of other ratings in the Navy and in the Marine Corps shall be eligible for transfer to the Hospital Corps, and men of that corps to other ratings in the Navy and the Marine Corps."

(b) The second paragraph under such heading is hereby amended to read as

follows:

"The President may hereafter appoint as many warrant officers, Hospital Corps, as may be deemed necessary from the ratings of chief hospital corpsman and hospital corpsman, first class: Provided, That no person shall be appointed pursuant hereto until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy: Provided further, That the warrant officers now in the Hospital Corps of the United States Navy or hereafter appointed therein in accordance with the provisions of this Act shall have the same rank, pay, and allowances as are now or may hereafter be allowed other warrant officers.

Sec. 302. The Secretary of the Navy is hereby authorized to prescribe the regulations necessary to carry out the provisions of this title and no person shall suffer any reduction in grade or rate, or in pay or allowances, by reason of the requirements of this title or of the regulations provided pursuant thereto.

Mr. Durham. Madam Chairman---

, Mrs. Smith. Mr. Durham.

Mr. Durham. H. R. 3215 will be open for amendments, as I

understand it, and motions.

Mrs. Smith. Yes. Instead of continuing reading of the other bills, after we hear an explanation as to the differences between the bills, we will start reading H. R. 3215 section by section, amending it as we go along and as is desired by the committee.

Mr. Rivers. In my motion, where I said this bill, I was referring

to 3215.

Mrs. Smith. The committee will now read H. R. 3215, which embodies the three bills, H. R. 1982, 1603 and 1361.

General Kirk, will you and Admiral Brown explain the differences

between these bills, get us briefed on it.

Mr. SMART. Mrs. Smith—— Mrs. Smith. Mr. Smart.

Mr. Smart. Before you proceed with that, I think it would be proper to insert in the record at this time the letter of April 10, 1947, from the Secretary of War, Robert P. Patterson, in response to your letter of March 29, wherein you requested that a more uniform bill be submitted to this committee for its consideration, in lieu of the three bills which were previously considered. I offer it for the record at this time.

Mrs. Smith. Without objection, Secretary Patterson's letter will be included in the record at this point.

(The letter referred to is as follows:)

APRIL 10, 1947.

Hon. MARGARET CHASE SMITH,

Chairman, Subcommittee on Hospitalization,
Committee on Armed Services, House of Representatives.

Dear Mrs. Smith: I have your letter of March 29, 1947, in which you state that it appeared improbable that further detailed hearings could be heard on H. R. 1982, H. R. 1361, and H. R. 1603 prior to May 1, 1947, unless the War and Navy Departments should find it possible to present their needs in a more unified form.

In view of the urgent need for this legislation, a letter has been written to Admiral Sprague, Chief of Naval Personnel, suggesting that the Surgeon General of the Army and the Chief of the Bureau of Medicine and Surgery of the Navy be directed to prepare a unified bill which could be considered by your subcommittee in less detailed hearings.

It is believed that a unified bill will be presented to your subcommittee in the

very near future.

Sincerely yours.

ROBERT P. PATTERSON, Secretary of War.

Mrs. Smith. General Kirk.

General Kirk. Madam Chairman, if I may, Colonel Kintz is prepared to point out to the committee the differences between the two old bills and I believe Captain Nunn is prepared to present to the committee how they have been washed out and incorporated in the new bill 3215, to make a parallel bill for the Army and Navy. If that meets with your approval, Colonel Kintz may proceed with showing the discrepancies between the original three bills as written.

Mrs. Smith. Thank you, General Kirk. Colonel Kintz.

Colonel Kintz. Madam Chairman, the Army proposal of 1982 compared to the Navy proposal of two bills, 1603 and 1361, had certain differences. Basically, the Army proposal proposed one bill to accomplish certain things. The Navy proposal proposed two bills to accomplish much the same thing. I will compare the Army bill 1982 with the two Navy bills 1603 and 1361 on certain points, and then at the end give a general summary.

Now, the purpose of the Army bill 1982 is to establish a Medical Service Corps, with three sections: one of which was to be designated an Allied Science Section; another was to be designated a Pharmacy Section; and the other was to be designated an Optometry Section.

The Navy in H. R. 1603 proposed to establish a new corps which would be comprised of officers with skills and training in sciences allied to medicine. In the Navy proposal 1361, they propose to establish the commissioned grade in the already existing Hospital Corps without sections. As to grades, the Army proposal is second lieutenant, first lieutenant, captain to major, and lieutenant colonel to colonel, with a 2 percent limitation on the number of colonels in the Medical Service Corps. Grades in the Associated Science Corps of the Navy would be from ensign through captain, with no limit on the grade specified. However, under existing law, captain would be limited to 4 percent of the strength of the corps. In the Navy proposal 1361, the grades were to be established from ensign to captain, with no percentage limitation specified. There, again, the 4 percent is as under existing law for the Navy.

Now, as to the strength, in the Army proposal the strength would be prescribed by the Secretary of War within the authorized strength of the Army. It was stated in our testimony at that time that three per thousand per authorized troop strength was our planning figure for the strength of this corps. An amendment was also suggested to establish the Pharmacy Section at 60 percent of the Medical Service

Corps itself.

In the Navy proposal, H. R. 1603, the strength of the Associated Science Corps would not exceed 5 percent of the authorized strength

of the Medical Corps of the Navy.

In the Navy proposal, H. R. 1361, the commissioned strength of the Hospital Corps was to be 3 percent of the strength of the entire corps which is established at 3½ percent of the authorized enlisted strength of the Navy and Marine Corps.

A Chief of corps: The Army proposed to have appointed by the

A Chief of corps: The Army proposed to have appointed by the Secretary of War and to serve during his pleasure a Chief of the corps, to be selected from majors and above in the Medical Service Corps.

In the Navy proposal II. R. 1603, there was no similar provision. Under existing custom and law in the Navy, only chiefs of bureaus are appointed by the Secretary of the Navy. All others are detailed by order of the Chief of the bureau. That remark also applies to H. R. 1361.

As to assistant chiefs, the Army proposed that assistant chiefs be appointed by the Secretary of War to be chiefs of sections and consultants to the Surgeon General on specific technical matters peculiar to the section. No grades were specified. An amendment was suggested on that section whereby the Chief of the Pharmacy Section would be a graduate of an approved school of pharmacy.

The Navy, in neither H. R. 1603 nor H. R. 1361, had any similar provision, due to the previous remark which I made relative to a

chief of corps.

Promotion: In the Army bill, officers of the Medical Service Corps would be promoted on the same schedule as line officers of the Army generally, which was 3, 10, 17, and 23 years, respectively, to first lieutenant, captain, major, lieutenant colonel, and colonel, by selection.

In the Navy proposal, officers of the Medical Associated Science Corps are to be staff officers and subject to all provisions of law relating to advancement in rank of Medical Corps officers. In the Navy proposal, H. R. 1361, commissioned officers of the Hospital Corps were to be on a comparable basis as other staff officers, with running mates and selection after reaching lieutenant junior grade.

Original appointments: The Army proposed appointments to be made in the grade of second lieutenant from citizens of the United States between 21 and 30 years of age. An amendment was also suggested here which would establish a minimum educational requirement, at 4 years college graduate level. An amendment had also been suggested whereby a minimum of 30 percent of the annual increment for commissioning for the pharmacy section would be graduates of approved schools of pharmacy.

In the Navy proposal as to the Associated Science Corps, they would be appointed in the grade of ensigns from persons holding baccalaureate degrees, and in the grade of lieutenant junior grade from persons holding a doctorate degree in a science allied to medicine and from

male citizens between the ages of 21 and 32 years.

In the Hospital Corps, the Navy proposed they would be appointed in the grade of ensign who were citizens and had not attained the age of 32, and the same for other staff officers. An amendment here would be added whereby not to exceed 75 percent of the annual increment would be commissioned from warrant and chief warrant officers of the Hospital Corps, 20 percent from approved schools of pharmacy, and 5 percent from recognized schools of optometry.

As to integration appointments, in the Army selected wartime officers under Public Law 281 and Public Law 670 were integrated into the present Pharmacy Corps between the grades of second lieutenant

and major by constructive or actual service, whichever was greater. Under the Navy proposal, selected wartime officers would come in under Public Law 347, which is the Navy transfer provision. In the Hospital Corps, selected wartime officers, under Navy transfer provisions of Public Law 347, would come in, however, not to exceed 20 percent to be graduates of approved schools of pharmacy and 5 percent graduates of approved schools of optometry. That amendment was to be suggested there.

Transfers: In the Army proposal, officers of the Regular Army Pharmaev Corps were to be transferred to the Medical Service Corps, without loss of grade or rank. In the Navy provisions, the two bills for the Navy, there was no similar provision as there was no present

regular corps necessitating such provisions.

Retirement: The Army proposed the chief of the Medical Service Corps to be retired after 4 years as chief, with the rank of colonel. All other retirements are to be governed by provisions applicable to officers of the Regular Army generally. In the two Navy proposals, officers of the Medical Associated Science Corps would be retired under

the same provisions as Medical Corps officers. In the Hospital Corps, commissioned officers were to be retired by the laws governing staff

officers of the Navy generally.

Command: The Army proposed to specify command functions of officers for the Medical Service Corps as governed by the National Defense Act, which limits the command of Medical Department officers to their own corps. The Navy specification would state that officers of the Medical Associated Science Corps be limited to command within their own corps, and in the Hospital Corps the same as other staff officers within their own corps.

In summarizing, Army legislation would establish a Medical Service Corps, with an Allied Science Section. Navy legislation would establish a Medical Associated Science Corps, composed of sciences

allied to medicine.

I am now summarizing the comparison of the Army bill with the

Navy Medical Associated Science Corps bill——

Mr. RIVERS. May I interrupt there—and which H. R. 3215 is designed to replace.

Colonel Kintz. Yes, to replace 1603.

Mr. RIVERS. And---

Colonel Kintz. And 1982. Mr. Rivers. All right, sir.

Colonel Kintz. Original appointments by Army legislation would have a top age limit of 30 years. Original appointments by Navy

legislation would have a top age limit of 32 years.

Original appointments by Army legislation would have a minimum educational requirement of 4 years college graduate level, for appointment as second lieutenant. Original appointments by Navy legislation would be similar to the Army, for appointment as ensign. However, a special provision is included to allow for an original appointment as lieutenant junior grade of an individual having a doctorate degree if otherwise qualified. The Army would limit the number of full colonels in the Medical Service Corps to 2 percent of the strength of the corps. The Navy makes no similar provision. However, present law establishes a 4-percent limit on captains in the various corps of the Navy.

Now, to summarize a comparison of 1982, the Army bill, with the Navy bill 1361, Army legislation will group the present Regular Army Medical Administrative Corps and Pharmacy Corps and their Reserve components and the Sanitary Corps into one Medical Service Corps.

Navy legislation will establish commissioned grades in the already existing Hospital Corps. Originally Army appointments would have a top age limit of 30 years and the Navy will have a top age limit of 32. Original appointments in the Army would have a minimum educational requirement of 4 years' college graduate level, while 75 percent of the Navy will be from warrant and chief warrant grade of the Hospital Corps. The Army would limit the number of full colonels in the Medical Service Corps to 2 percent of the strength of the Corps. The Navy makes no similar provision. However, the present law establishes a 4-percent limit on captains in the various corps of the Navy.

Now, Madam Chairman, after receiving your letter, the Surgeon General of the Army and the Surgeon General of the Navy had several conferences. A redraft of legislation was prepared ironing out most of the differences in the bills. All controversial issues, I believe, were corrected. In the present draft there is some dissimilarity, but those dissimilarities are not necessarily controversial. They are due to the difference in the set-up in the Army and in the Navv.

Captain Nunn is going to give you the present bill 3215 as we have

redrafted it, working out these controversial issues.

Mrs. Smith. Thank you very much, Colonel Kintz.

Captain Nunn-

Mr. RIVERS. May I interpose-

Mrs. Smith. Mr. Rivers.
Mr. Rivers. To ask, when Captain Nunn speaks, he speaks for both services with respect to this bill?

Colonel Kintz. That is right. Captain Numn and I have agreed on what I have presented, and I believe what I presented is correct.

Captain Nunn. That is correct.

Colonel Kintz. And we have agreed with Captain Nunn that he

would present our side of the Navy proposal.

Captain NUNN. Madam Chairman, the committee originally had before it three measures, two submitted by the Navy Department and one by the Department of War. There were dissimilarities of treatment of personnel in those three bills which the committee had before it. As a result of hearings, conferences, and negotiations, the committee now has before it one bill, H. R. 3215, which provides nearly parallel treatment for personnel in a Medical Service Corps

of the Army and a Medical Service Corps of the Navy.

There are, briefly, only two differences in the provisions made in this bill for the two Medical Service Corps. In the first place, the Army's age for entrance is between 21 and 30 years. The Navy's age for entrance is between 21 and 32 years. The Navy agrees that the Army age is correct for the Army, with the retirement system being what it is, and the Army agrees that the Navy age is sufficient for the Navy, the difference being that the Army wishes to allow an officer 30 years of service before he reaches the statutory retirement age of 60. In the Navy the statutory retirement age is 62.

An additional reason for the increased age for the Navy is the large number of men we now have in our Hospital Corps who may want to come in and who would be over age if we didn't allow the extra 2 years.

Mr. Rivers. May I ask a question, Madam Chairman?

Mrs. Smith. Mr. Rivers.

Mr. RIVERS. Will this bill now being considered by the Short committee alter these agreements, as far as the retirement for either service

is concerned?

Captain Nunn. No, sir. The bill being considered by the personnel sub-committee will require an amendment to incorporate within the provisions of that bill for the staff corps this new corps, if this bill is enacted, sir.

Mr. RIVERS. I see.

Captain Nunn. And, similarly, it would require amendment to take care of the recently established Nurse Corps. Otherwise they are absorbed into the provisions of the staff corps, in the promotion bill.

Mr. RIVERS. It is highly important, therefore, that we get this bill

through before that bill is finally enacted into law.

Captain Nunn. Yes, sir, it is; in order that the promotion bill when enacted will be complete, in embracing this new corps.

Mr. RIVERS. The agreements on retirement and age limits will have the sanction and the approval of the War and Navy Departments beforehand?

Captain NUNN. Yes, sir.

Mr. RIVERS. The incorporation will just be a matter of routine?

Captain Nunn. Yes, sir, that is true.

The second difference of treatment of personnel in this bill for the Army and the bill for the Navy is that the Army provisions provide for a chief of corps in the statute and for assistant chiefs of corps to act as chiefs of sections. The Navy bill has no similar provision. This is the first time that we will have incorporated in our law by legislation the provision for sections within a corps or bureau. agreed to that in order to achieve similarity with the Army provision. We don't expect to suffer by reason of it. However, we are anxious not to include in the law a provision for a chief of corps and for chiefs of sections because the organization of the Medical Department of the Navy causes all of these various subdivisions of the Department to funnel up to the Surgeon General, as the Chief of their Bureau, and we would prefer, in the relatively small sections that we are going to have, not to incorporate what we believe would be in our small organization a top-heavy administrative head for the corps and for the sections of the corps.

Mr. Durham. I don't see why that should trouble you very much. You use the same smallpox vaccine for a Navy man as you do for an Army man. Of course, you may have some adminstrative troubles,

Captain Nunn. I am thinking only of the administrative set-up, Mr. Durham. For example, in our Optometry Section, in time of peace and even now, there will be only four or five officers, very likely, and we would like not to be placed in the position of having a chief of section to administer those four or five officers.

Mr. Durham. The whole objective, of course, is to set this up as a service organization, and not a top-heavy administrative organization.

Captain Nunn. Yes, sir; that is true.

Madam Chairman, with the pointing out of those two differences, I believe you can save time by proceeding to a reading of the bill, if vou like.

Mr. Durham. There is one other question before we go into that.

Mrs. Smith. Mr. Durham.

Mr. Durham. Now, you people here are setting this up on the basis of offering these people here, in these different categories, the grade of second lieutenant and ensign. Now, why do you start off here with second lieutenant or ensign, instead of first lieutenant like you do in other instances?

Captain Nunn. This bill provides, sir, for inducting original

appointees into the corps who have doctorate degrees.

Mr. Durham. As an ensign?

Captain Nunn. As a lieutenant junior grade, sir. Mr. Durham. You can do that?

Captain NUNN. In this bill we may, sir. Now, those who enter the corps and have baccalaureate degrees come in as ensigns. Those who may have a doctorate of philosophy would come in as a lieutenant (junior grade), if he qualifies, in the same way that a doctor of medicine comes in, sir.

Mr. Durham. Well, you are not going to get very many doctors of philosophy because the average age there after graduation is about 28 or 29 years throughout the whole country, in all these professions. So you have a very short span there to get the men. Captain Nunn. They would be young men. I believe that the

Medical Department has some hope of inducing a sufficient number

to accept these appointments.

Mr. Durham. How about your section, General Kirk?

General Kirk. The same thing. We have changed our to give a grade of first lieutenant to men that come in with a doctorate degree.

Mr. Durham. That wasn't in the original bill.

General Kirk No, sir; we went along with the Navy. Now, you speak about the age of 28-

Mr. Durham. I am interested in this point: I think you have to

offer inducements to these people, to put them in this position.

General Kirk. Yes, sir.

Mr. DURHAM. I think you should go all out to give them what advantages you can.

General Kirk. It is in the bill, sir.

Now, as to the age of 28—

Mr. Durham. With 30 years as your limit, you have 2 years to

catch your man.

General Kirk. It is 32 for doctors. We have written it in here for this group as 30 because our retirement age is 60 and it is felt the officer should have an opportunity to do 30 years' service. The top age on doctors is 32. Now, the majority of this corps would come in at a younger age -24 or 25. It is just a few that would get in with a doctorate degree where there would be interference. They will be very few in comparison to the total number of the corps.

Mr. Durham. That is true; but one scientist, you know, is worth

hundreds of other people.

General Kirk. That is true. He will have up to 30 years, sir. The average should be through at 28. He makes up his mind pretty soon. He doesn't have a residency to do. He has 2 years to make up his mind whether he wants to come in or doesn't.

Now, we are not firm on that. We will be glad for this committee to change that age if it desires; but it was our thought, in that the retirement age is 60, that the officers should have an opportunity to do 30 years' service. I mean, that is the general policy overall.

Mr. Durham. I think you are right on that. That would affect

your retirement age, of course.

Mrs. Smith. The Chair would like to thank you gentlemen for getting together on this bill. It seems to me you have done a remarkable job in bringing in similar provisions.

Mr. Bates. Madam Chairman, I would like to ask a question.

Captain Nunn, what is the reason for changing the provision of the law relative to a certain percentage of the annual increment of pharmacist's mates being promoted to commissioned grade, say, from the rank of warrant and chief? This is the first I have seen of this, but the thought comes immediately into my mind that over and above the 75 percent may be some very competent young men who have come up through the ranks and are qualified in every respect, just as much as the 75 percent are, to be commissioned, and only because of some

provision we stuck in the law they are denied from being commissioned. Now, what is the explanation of that?

Captain Nunn. That percentage, Mr. Bates, is no longer in this

bill, sir.

Mr. Bates. I see here: "Amendment will be offered whereby not to exceed 75 percent will be commissioned from warrant and chief warrant officers of the Hospital Corps." Is that amendment going to be offered?

Colonel KINTZ. That is the old bill.

Captain Nunn. You are talking about the old bill. General Kirk. That is the old bill, that we just started.

Mr. Bates. I see.

Mr. RIVERS. In that connection, may I ask another question?

Mrs. Smith. Mr. Rivers.

Mr. Rivers. I haven't had an opportunity to read the bill yet, but does the new bill have the same minimum for each of the services on entrance, and the same maximum for entrance?

Captain Nunn. Age, sir?

Mr. RIVERS. Yes.

Captain Nunn. No, sir. That is one of the differences. Army the entrance age is between 21 and 30 and in the Navy the entrance age is between 21 and 32.

Mr. RIVERS. Now, is there any reason why they couldn't be recon-

ciled, so as to be identical, sir?

General Kirk. That is at the pleasure of the committee. I tried to explain that the Navy retires at the statutory age of 62 years, and the Army at 60. It was felt that the officers should have an opportunity to do 30 years of service.

Mr. RIVERS. Then, both of them have the same objective, and that

is 30 years, at least?

Captain Nunn. Yes, sir; the same opportunity. Although the ages are different, the same opportunity for a career exists in both.

Mr. RIVERS. And whatever changes are made can be reconciled in the bill which is now under consideration by the personnel subcommittee.

Captain Nunn. Yes, sir. If the ages were changed in the promo-

tion bill, it could be adjusted.

Mr. RIVERS. What about the age of retirement?

Captain Nunn. That could be adjusted, too. We have suggested no change, sir. It may be that a change will be made. If so, this age

here can also be adjusted at the time.

Mr. RIVERS. As you know, the subcommittee of which our distinguished chairman is a member, the personnel subcommittee, is now making a decision whether or not to send this bill back to the Navy Department, with instructions that they get together with the Army, and vice versa. Isn't that correct?

Captain NUNN. I didn't know that, sir. I am sorry to hear that.

Mr. RIVERS. Well, that is true, anyhow.

Mr. PHILBIN. Madam Chairman-

Mrs. Smith. Mr. Philbin.

Mr. Philbin. May I suggest we read the bill by sections and that at the end of each section we make whatever inquiries we desire?

Mrs. Smith. That is an excellent suggestion, Mr. Philbin. We will start reading the bill. Colonel Kintz.

Colonel KINTZ. H. R. 3215:

A bill to revise the Medical Department of the Army and the Medical Depart-

ment of the Navy, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Army-Navy Medical Services Corps Act of 1947."

Mr. Durham. Why do you add that term "services corps"? The

old bill didn't carry that.

Colonel Kintz. Because we now have a title for the Army and a title for the Navy and the two titles set up in the Army and the Navy a Medical Service Corps.

Mr. Durham. All right.

Mr. RIVERS. Page 7 shows that.

Colonel Kintz (reading):

TITLE I

ARMY MEDICAL SERVICE CORPS

SEC. 101. Effective the date of enactment of this Act, there is established in the Medical Department of the Regular Army the Medical Service Corps, which shall consist of the Pharmacy, Supply, and Administration Section, the Medical Allied Sciences Section, the Optometry Section, and such other sections as may be deemed necessary by the Secretary of War, and which shall perform such services as may be prescribed by the Secretary of War. The authorized strength of the Medical Service Corps, Regular Army, shall be such strength as may from time to time be prescribed by the Secretary of War. The Medical Service Corps, Regular Army, shall consist of officers in the grades of second lieutenant to colonel, inclusive: Provided. That the number of colonels on active duty in the Medical Service Corps, Regular Army, shall at no time exceed two per centum of the authorized Regular Army officer strength of such corps. Regular Army officer strength of such corps.

This section sets up in statutes the establishment of a Medical Service Corps in the Army, with three sections: A Pharmacy, Supply, and Administration Section; the Medical Allied Sciences Section; and an Optometry Section. It provides the strength of the corps to be established by the Secretary of War and it provides a 2-percent limit on the officer strength of full colonels.

Mr. Bates. Colonel, how do you arrive at the 2 percent on colonels?

What is the base for that figure?

Colonel Kintz. That is based on our requirement for the use of the top-grade officer of this corps. From a requirement of the positions where we can use full colonels in this corps, our requirement gives us 2 percent as the maximum that we could use from an assignment standpoint in this corps.

Mr. Bates. That checks, does it, with some basic figure you use

now to determine the number of officers in the corps?

Colonel Kintz. Yes, sir.

Mr. Bates. Or do you just analyze the strength of the corps and say you need so many men at the top in the rank of colonel, and so

on down the line?

Colonel Kintz. It is based on the type of installations, the type of organizations, and the type of duty, including the number of officers and men who would be under those particular jobs, which gives us our 2 percent as what we need in that grade.

Mr. Bates. And that is sort of a standard pattern you use in every

other branch of the Army, to determine the same kind of question?

Colonel Kintz. Yes, sir.

Mr. Bates. The number of men, character of the work, stations, and so on?

Colonel KINTZ. Right.

General Kirk. This is also based on the war experience we have

had, sir.

Mr. Bates. I asked the question for the record so that in the event we are asked about how we arrived at the 2 percent, we could say. It ought to be in the record.

Mrs. Smith. Mr. Rivers, do you have any questions?

Mr. RIVERS. No, madam.

Mrs. Smith. Mr. Bates, do you have any further questions?

Mr. Bates. No, thank you, I haven't.

Mrs. Smith. Mr. Durham?

Mr. Durham. No.

Mrs. Smith. Mr. Philbin?

Mr. Philbin. Colonel, I notice you provide authority for the Secretary to create additional sections.

Colonel Kintz. That is correct.

Mr. Philbin. Now, did you have any sections in mind?

General Kirk. It says as the need arises. Warfare may change. We may need a different group.

Mr. Philbin. It is just to give you elasticity, so if the need does

arise you will have the power.

General Kirk. Yes, sir.

Mr. Bates. I would like to ask one question, General. As to these three Sections: Pharmacy, Supply, and Administration; Medical Allied Sciences; and Optometry, what is the relative strength of each Section?

General Kirk. We have a planning figure on that of 60 percent for Pharmacy, Supply, and Administration; around 38 percent for the Medical Allied Sciences; and around 2 percent for Optometry. That

is a planning figure, as to the need of these corps.

It isn't something that we should have fixed. That, too, should be

elastic. We can put in one or another according to our need.

Mr. Bates. The reason I asked that question is this: There is a provision here in your notes whether it is in the old bill or not, that the Pharmacy Section shall be 60 percent of the Medical Service Corps. Now, if that whole Section: Pharmacy, Supply, and Administration, constitutes only 60 percent of the whole corps, why do you have 60 percent pharmacists altogether?

An amendment will be suggested establishing the Pharmacy Section at 60 percent of the Medical Service Corps"-

Mrs. Smith. Mr. Bates, may I suggest that, except for purposes of comparison, we not read that because those are the suggestions that came through when we first acted on H. R. 1982 and do not pertain to the present bill.

Mr. Bates. No. I am getting this thought from here and then asking whether or not the suggestion embodied here is carried forth in

the new bill.

Now, is there such a section in the new bill, that 60 percent of the

entire Medical Corps shall be in the Pharmacy Section?

General Kirk. We used that as a planning figure. We prefer not to have any legislation. It is still a plan.

Mr. Bates. Is it in this bill?

General Kirk. It is not in that bill; no, sir.

Mr. Rivers. Of course, you have decided on this new bill. Does that meet with the approval of the interested groups, such as the pharmacy people, optometry and all those?

General Kirk. I wouldn't know. I haven't been able to go around

and ask each one of them whether or not they approve this bill.

Mr.Rivers. Have they come around to ask you?

General Kirk. On the initial bill we had here none of those groups agreed 100 percent, and I don't believe we can have a bill that can satisfy all the constituent groups that appeared before this committee.

Mr. RIVERS. Then, the answer to my question is, you don't know? General Kirk. No, I don't know.

Mr. RIVERS. I see.

Mrs. Smith. Are there any further questions on section 101?

If not, Colonel Kintz, will you continue with your reading of this

Colonel Kintz. Page 2, line 13:

SEC. 102. (a) From the officer commissioned in the Medical Service Corps, Regular Army, in the permanent grade of major or above, the Secretary of War shall appoint the chief of the Medical Service Corps, who shall serve as chief during his pleasure, and who, if commissioned in permanent grade below colonel shall, without vacation of his permanent grade, have the temporary rank, pay, and allowances of a colonel while so serving, and who, while so serving, shall be

superior in rank to all other colonels in the corps.

(b) From the officers commissioned in the Medical Service Corps, Regular Army, The Surgeon General shall appoint such assistant chiefs, who shall be chiefs of sections and who shall be consultants to him in activities relative to that

specific section.

(c) Unless entitled to higher retired rank or pay under any provision of law, each such commissioned officer who shall have served for four years as chief of the Medical Service Corps, shall upon retirement be retired with the rank held while so serving, shall receive retired pay at the rate prescribed by law computed on the basis of the base and longevity pay which he would receive if serving on active duty with such rank, and if thereafter recalled to active duty shall be recalled in such

This section provides for the appointment of a chief of the Medical Service Corps by the Secretary of War in the grade of colonel from officers of the corps of major or above; (b) establishes the appointment of assistant chiefs to be consultants to the Surgeon General on activities peculiar to a specific section; (c) provides for the retirement of the chief of corps with the rank of colonel after having served 4 years as chief of the corps.

We would like to make a suggestion relative to line 24 on page 2. That wording has been carried over from our rewrites. The word "such" is superfluous, and we would like to suggest changing the word "appoint" to "designate." Since only the Secretary of War has the authority to appoint, the Surgeon General should designate assistant

So it would read as follows:

From the officers commissioned in the Medical Service Corps, Regular Army, the Surgeon General shall designate assistant chiefs, who shall be chiefs of sections, and who shall be consultants to him in activities relative to that specific section.

Mrs. Smith. Without objection, these two corrections will be made as suggested by Colonel Kintz.

Mr. Rivers, do you have any questions?

Mr. RIVERS. Now, under subsection (c) of section 102, on page 3, that makes it consistent with existing legislation for all individuals holding rank; that is, they retire at the highest rank and if they are recalled they are recalled at the highest rank.

General Kirk. The same as this committee gave to the Chief Nurse in the Nurse Corps.

Mr. RIVERS. It is consistent legislation. There are many others,

too, I think, throughout the service.

Mrs. Smith. Mr. Bates?

Mr. Bates. No.

Mrs. Smith. Mr. Durham?

Mr. Durham. You read subsection (c)? Mrs. Smith. Yes; we finished section 102.

Colonel Kintz. I read (c); yes, sir. · Mr. Durham. I have no questions.

Mrs. Smith. Mr. Philbin?

Mr. Phylbin. Section 102, page 2, I note the language:

* * shall appoint the chief of the Medical Service Corps, who shall serve as chief during his pleasure

I wondered whether that language is entirely satisfactory.

General Kirk. That is at the pleasure of the Secretary of War. Mr. Philbin. Yes. Is that customary language?

Colonel Kintz. Yes, sir.

Mr. RIVERS. The same as the chief nurse.

Mrs. Smith. Mr. Gavin.

Mr. GAVIN. No.

Mrs. Smith. Mr. Blackney.

Mr. Blackney. No.

Mrs. Smith. Continue your reading, Colonel Kintz.

Colonel Kintz. Beginning on page 3, line 12:

SEC. 103. Except as provided in Public Law 281, 79th Congress, approved December 28, 1945, as amended, and except as hereinafter provided for transfer thereto, original appointments in the Medical Service Corps, Regular Army, shall be made only in the grade of second lieutenant from citizens of the United States between the ages of 21 and 30 years, who possess such physical and other qualifications as may be prescribed by the Secretary of War: Provided, That appointments from sources other than the Regular Army or its active reserves when the proof of the proposers when the proof of the proof of Phenometers and the proof of the proof of Phenometers and the proof of the proof of Phenometers and the proof of the pro shall be made from persons who are graduates from recognized schools of Pharmacy or other schools or colleges with degrees in sciences allied to medicine or such other degrees as may be approved by the Surgeon General: Provided further, That persons holding doctorate degrees in sciences allied to medicine approved by The Surgeon General at time of appointment in the Medical Service Corps, Regular Army, may be credited at time of such appointment with an amount of service equal to three years, for the purpose of determining grade, position on promotion list, permanent-grade seniority, and eligibility for promotion.

Mr. Durham. That is new language there.

Colonel Kintz. Yes. sir.

Mrs. Smith. Will you explain the section, Colonel?

Colonel Kintz. This section establishes the qualifications for initial appointments in the corps. It establishes a man coming in as second lieutenant between the ages of 21 and 30 years, if he is physically and otherwise qualified. The proviso which states appointments from sources other than the Regular Army or its active Reserve, removes any bar from an enlisted man getting a commission in this corps. The proviso further states that if he comes in direct from civil life and not as a Regular Army or active Reserve officer, he will have to have a 4-year college graduate educational level. It further provides that if he has a doctorate degree he may at time of appointment be given 3 years' service credit for determining certain things, and he would then come in as a first lieutenant with his 3 years' service credit.

Mrs. Smith. Are there any questions?

Mr. Bates?

Mr. BATES. No.

Mrs. Smith. Mr. Rivers?

Mr. RIVERS. No.

Mrs. Smith. Mr. Durham?

Mr. Durham. No. Mr. Bates. That just takes care of the point I raised.

Mrs. Smith. That takes care of the point you raised.
Mr. Bates. That a young man who is in the service by his own initiative is permitted to come in.

Colonel KINTZ. Yes, sir.

Mr. Bates. That is in keeping with the high standard of qualifications that is determined by the Army.

Mr. Philbin. But you may not take young men or young women

outside of the service who are not college graduates.

General Kirk. That is correct, sir.

Mr. Philbin. Even though they may be the equivalent of a college graduate, you are not permitted to pass on that within your discretion?

General Kirk. We are asking that these men be college graduates. Mr. Philbin. You don't deem it necessary to retain any discretionary power to recognize the equivalent of a college education?

General Kirk. That would get us in great difficulty.

Mr. Philbin. Do you think that would open the door and create confusion?

General Kirk. Yes, sir.

Mr. RIVERS. Will you yield, Mr. Philbin.

Mr. Philbin. Yes.

Mr. RIVERS. In that connection, if he joined up and went in as say a private and worked up, then, under Mr. Bates' idea he can come up through the ranks.

Mr. Bates. Under such qualifications as the Secretary may de-

termine.

Mr. RIVERS. Well, it is indicative that he possesses these outstanding qualifications.

Mr. BATES. That is right.

Mr. Philbin. In other words, the only bar is against those coming in from outside, and not against those who are already members of the service. You may take members of the service from the enlisted personnel, whom you deem to be qualified and commission them. General Kirk. Yes, sir.

Mr. Philbin. But you may not take members from civilian life. Colonel Kintz. Madam Chairman, for your information, our proviso here makes it possible for a man who is a graduate of our Army Officer Candidate School to get a commission in this corps. When he finishes his Officer Candidate School he is discharged as a Regular Army enlisted man and accepts a Reserve commission. Now, our proviso makes it possible, then, for this man, even though he does not have a college education, to be commissioned in this corps, which takes care of the situation to which Mr. Bates objected in our original bill. We have now corrected it.

Mr. RIVERS. But he goes through the ranks to get in.

Colonel Kintz. He comes up as an officer candidate through the

Mr. RIVERS. That is right.

Mr. Bates. It gives him a chance to go ahead.

General Kirk. He does a certain amount of duty, extended active duty, as a Reserve officer, so he can be observed. If he is good he can be taken. It he isn't, the answer is no.

Mr. Bates. Now, is it the intention of the War Department to set up educational facilities to which this young man can go, say,

to be a pharmacist?

General Kirk. Not for a pharmacist, no, sir. He comes from civil life as a pharmacist. But it is set up in the Army that they will run officer candidate schools to train Reserve officers to go on extended

active duty, as an observation period.

Mr. Bates. Then, I understand this section to mean that so far as any pharmacy ratings are concerned, that is completely out for any enlisted man, unless he goes to a pharmacy school afterwards, or he is out of the service and takes special courses. The men that you are qualifying for commissioned rank in the Pharmacy Section of the Medical Corps, which includes supply and administration, only will be in the field of administration and supply. He just cannot qualify for a pharmacy commission.

Colonel Kintz. We do not propose to establish a school of pharmacy, sir, to train a candidate—an enlisted man or an officer—as a pharmacist. We train them as pharmacy technicians. But the pharmacists that we get into this corps will come from graduates of 4 years of pharmacy training and come in with their baccalaureate degree as

a graduate pharmacist.

Mr. Bates. Well, if the young man had any ambition to become a pharmacist, in the commissioned grade, let us say, there is just no way by which he can accomplish that desire, is there, under this bill, from your interpretation of it?

General Kirk. He can be an officer.

Mr. Bates. He can be a supply officer or an administration officer.

General Kirk. But he can't be a pharmacist. Mr. Bates. He can't be a pharmacist?

General Kirk. No, sir.

Mr. Bates. Now, in the Navy he can be a pharmacist, can he?

General Kirk. No, sir.

Commander Young. No, sir. Mrs. Smith. Captain Nunn.

Captain Nunn. No, sir, he would not be employed as a pharmacist. He could become a member of this Pharmacy, Supply and Administration Section, but unless he had the qualifications he would not be employed in pharmacy itself.

Mr. Bates. Are you making any change in this law pertaining to the law different from what the present law is, insofar as promotion

from the ranks is concerned?

Captain Nunn. No, sir.

Mr. Bates. Then let me ask this question: Take the case of the commander here. He acquired his commission as a result of hard work, coming up through the ranks and taking advantage of any educational opportunities that the Navy presented to him. Has the Navy pharmacy schools, Commander?

Commander Young. In answer to that, we have schools for the training of technicians, the same as the Army have, in pharmacy, but

we do not become graduate pharmacists.

Mr. Bates. But you become commissioned pharmacists?

Commander Young. Well, the term "pharmacist" is a title that applies to a warrant officer. That is merely a title. That does not qualify them as registered pharamcists.

Mr. Bates. You have a commission, as it is today, in the Hospital

Corps of the Navy, is that right?

Commander Young. Yes, sir.

Mr. Bates. Now, is there any relative opportunity for a boy, other than, say, supply—you are a pharmacist. That is what you

Commander Young. My permanent rank is pharmacist, ves, sir.

Mr. Bates. Pharmacist? Commander Young. Yes, sir.

Mr. Bates. So you acquired your commissioned status as a result of your knowledge of pharmacy.

Commander Young. No, sir.

Mr. BATES. No?

Commander Young. No. sir. My examination was composed of many subjects, of which pharmacy is just one. We have to have a certain knowledge of pharmacy, but we are not pharmacists.

Mr. Bates. Then, what you would be under the provisions of the

Army bill really would be an administrative officer.

Commander Young. An officer in administration or supply.

Mr. Bates. I see.

Mr. RIVERS. A "pharmacist" in the Navy is a misnomer? Commander Young. Yes, sir, to a certain extent.

Mr. RIVERS. You think that the provisions of the Army bill here are somewhat akin to the Navy bill?

Commander Young. Identical, I believe, sir.

Mr. Rivers. With the same opportunities for the boy——Commander Young. That is right, sir.

Mr. RIVERS. To be commissioned eventually?

Commander Young. Yes, sir.

Mr. Rivers. Not as a pharmacist, to be sure, but as an administrative officer.

Commander Young. As an officer in the corps for supply and admin-

istrative work.

Mrs. Smith. Are there any further questions?

Shall we continue with the reading of the bill, going on with section 104. Colonel Kintz.

Colonel Kintz. Page 4, line 9;

SEC. 104. Effective from date of enactment of this Act, commissioned officers of the Medical Service Corps, Regular Army, shall be promoted to the permanent grades of first lieutenant, captain, major, and lieutenant colonel as now or hereafter prescribed for promotion of promotion-list officers to such grades, respectively. Promotion to the permanent grade of colonel shall be by selection under regulations prescribed by the Secretary of War from officers in the grade of lieutenant colonel with at least one year's service in that grade.

Mr. DURHAM. That language is changed. What is the difference in that, from section 5 of the original bill?

Colonel Kintz. I don't believe, Mr. Durham, that is changed from

the old bill.

General Kirk. That is in accord with the Army over-all promotion plan.

Mr. Durham. That language is changed somewhat, or the arrangement of the language is changed. It means the same thing, but you just rearranged the language somewhat.

Colonel Kintz. We have put in one word, I believe, that was not

in the original draft, where we say:

Permanent grades of first lieutenant *

and-

Permanent grade of colonel

I think that is the only change that we made in that section, from the old bill.

Mrs. Smith. All right.

Colonel Kintz. It is the old section 4, at the bottom of page 3, and the top of page 4.

Mr. RIVERS. Do we have promotion in the Army now by selection?

Colonel Kintz. It will be under the present plan.

Mr. RIVERS. I mean, at the present time.

Colonel Kintz. We do not have at the present time, Mr. Rivers. Mr. RIVERS. So 104 is prophetic. You prophesy you will have it. General Kirk. This legislation had to parallel what was being proposed for the Army over-all.

Mr. RIVERS. If we don't ever get that through, though, this will

never be in effect.

General Kirk. Well, if one waits for the other, we won't have either. Mr. Rivers. You are proposing we move first, aren't you, General. Mrs. Sмітн. Have you any further explanation of that section?

Colonel KINTZ. No.

Mrs. Smith. Any questions on section 104?

Continue with section 105. Colonel Kintz. Page 4, line 19:

SEC. 105. Effective the date of enactment of this Act, Public Law 281, 79th Congress, approved December 28, 1945, as amended, is hereby further amended as follows:

(a) Section 5 of said Act is amended by striking out paragraphs (c) and (d)

(a) Section 5 of said Act is amended by striking out paragraphs (c) and (d) and inserting in lieu thereof a new paragraph (e) as follows:

"(c) Persons appointed in the Medical Service Corps shall be appointed in grades of second lieutenant, first lieutenant, captain, or major according to the periods of service with which they are credited in the same manner as set forth in paragraph (a) of this section for persons appointed in arms and services of the Regular Army, the officers of which are on the promotion list."

(b) Section 6 of said Act is amended by striking out from paragraph (b) thereof the words "The Pharmacy Corps" and by striking out paragraph (c) thereof and inserting in lieu thereof a new paragraph (c) as follows:

inserting in lieu thereof a new paragraph (c) as follows:

"(c) In the Medical Service Corps if he would upon appointment receive credit for twenty-three or more years' service under Section 5 of this Act.'

In explanation of this section, under Public Law 281 as amended, the Regular Army Pharmacy Corps was used as a vehicle for integration and qualified wartime officers were integrated on a base age of 25 years in the grades of second lieutenant, first lieutenant, captain,

and major into the Regular Army Pharmacy Corps.

Now, our proposal in this bill is to establish the Medical Service Corps, which replaces the Pharmacy Corps, on the promotion list of the Army generally, so that we must amend Public Law 281 to make it possible for these men to be integrated on the same basis as promotion-list officers, rather than on the basis of the Pharmacy Corps, which was only used as a vehicle.

If you desire, I can read from Public Law 281, to give you the wording and the changes necessary. However, as I say, it is necessary to have this provision only because we used the Pharmacy Corps as a vehicle. We are abolishing the Pharmacy Corps, replacing it with the Medical Service Corps, and putting the officers in the Medical Service Corps on the promotion list of the Army generally. Therefore, we must amend 281 to take care of that provision, so they would be integrated as promotion-list officers generally, rather than the provisions of the Pharmacy Corps.

Mrs. Smith. Without objection, that may be inserted in the record

at this time.

Mr. Durham. Let us have that read into the record, because we

will have to explain this when we go on the floor of the House.

General KIKK. This was on the other bill. Simply, when this bill becomes effective, we will integrate those officers into the Medical Service Corps that are in the Pharmacy Corps. It was necessary to put that provision in, so that integration will go along as it has been put in the past.

Mrs. Smith. Would you like, Colonel Kintz, to read it or insert it?

Mr. DURHAM. How long is it?

Colonel Kintz. It is not too long. There are about 50 lines. Mr. Durham. Insert it in the record, then.

Mrs. Smith. Without objection, it will be inserted in the record at this point. You don't need to read it, Colonel Kintz.

(The excerpt from Public Law 281 referred to is as follows:)

(a) Persons appointed in arms or services of the Regular Army, the officers of which are on the promotion list, who are credited with less than three years' service shall be appointed in the grade of second lieutenant; such persons who are credited with three or more years' service, but less than ten years' service, shall be appointed in the grade of first lieutenant; such persons who are credited with ten or more years' service, but less than seventeen years' service, shall be appointed in the grade of captain; and such persons who are credited with seventeen or more years' service, but less than twenty-three years' service, shall be appointed in the grade of major. Such persons shall be placed on the promotion list immediately below those officers of the same grade having the same or next greater period of service:

(b) Persons appointed in the Medical Corps, the Dental Corps, or the Veterinary Corps of the Regular Army, or as chaplains in the Regular Army, who are credited with less than three years' service shall be appointed in the grade of first lieutenant; such persons who are credited with three or more years' service, but

less than twelve years' service, shall be appointed in the grade of captain; and such persons who are credited with twelve or more years' service, but less than twenty years' service, shall be appointed in the grade of major;

(c) Persons appointed in the Medical Administrative Corps of the Regular Army who are credited with less than five years' service shall be appointed in the grade of second lieutenant; such persons who are credited with five or more years' service, but less than ten years' service, shall be appointed in the grade of first lieutenant; and such persons who are credited with ten or more years' service, but less than seventeen years' service, shall be appointed in the grade of

captain;

(d) Persons appointed in the Pharmacy Corps of the Regular Army who are credited with less than three years' service shall be appointed in the grade of second lieutenant; such persons who are credited with three or more years' service, but less than six years' service, shall be appointed in the grade of first lieutenant; such persons who are credited with six or more years' service, but less than twelve years service, shall be appointed in the grade of captain; and such persons who are credited with twelve or more years' service, but less than twenty years' service, shall be appointed in the grade of major.

SEC. 6. No person shall be appointed as a commissioned officer of the Regular

Army under the provisions of section 4 of this Act-

(a) in a promotion-list arm or service if he would upon appointment receive credit with twenty-three or more years' service under section 5 of this Act;

(b) in the Medical Corps, the Dental Corps, the Veterinary Corps, the Pharmacy Corps, or as a chaplain, if he would upon appointment receive credit for twenty or more years' service under section 5 of this Act; or

(c) in the Medical Administrative Corps if he would upon appointment receive credit for seventeen or more years' service under section 5 of this Act.

Mrs. Smith. Are there any other questions?

Will you read section 106.

Colonel Kintz. Page 5, line 15:

Sec. 106. Officers of the Regular Army who, on the date of enactment of this Act, hold commissions in the Pharmacy Corps, are, effective the date of enactment of this Act, transferred in grade to the Medical Service Corps. Each such officer so transferred shall be reappointed in the Medical Service Corps in the permanent grade held by him at the time of such transfer; shall be credited for the purpose of determining eligibility for promotion, with continuous commissioned service on the active list of the Regular Army in the Medical Service Corps equal to the period of service credited to him for promotion purposes under existing provisions of law, and shall, subsequent to such transfer, be thereafter promoted in accordance with the promotion system set forth in Section 104 of this Act.

This section provides for the transfer of all officers in the present Regular Army Pharmacy Corps to the Medical Service Corps, without any loss of time, grade, position, seniority, and so on. They are transferred, you might say, intact, without losing anything, to this new corps and they are established for promotion systems as established in 104, which we have read.

Mr. RIVERS. That is what you call total integration?

Colonel Kintz. Right.

Mrs. Smith. Are there any questions on section 106?

If not, will you continue reading, Colonel?

Colonel Kintz. Page 6, line 5:

SEC. 107. (a) Effective the date of enactment of this Act, the Pharmacy Corps

and the Medical Administrative Corps are abolished.

(b) Effective the date of enactment of this Act, persons holding temporary appointments or commissions in the Army of the United States permanently assigned or detailed to the Medical Administrative Corps, the Pharmacy Corps, or the Sanitary Corps, shall be automatically transferred and permanently assigned or detailed, as the case may be, to the Medical Service Corps, Regular Army, established by this Act, in the same temporary grade and rank held by them at

(c) The Secretary of War is authorized to prescribe from time to time such regulations as may be necessary for the administration of Title I of this Act.

(d) No back pay shall accrue to any person by reason of the enactment hereof.(e) Effective the date of enactment of this Act, all laws and parts of laws, insofar as they are inconsistent with or in conflict with the provisions of Title I of this Act, are repealed.

This section abolishes the Pharmacy corps and the Medical Administrative Corps, which are the two Regular Army Corps that we

have at the present time for this type of personnel.

(b) of this section is necessary to provide for temporary officers who are on active duty at this time who have AUS commissions. We are abolishing the Medical Administrative and the Pharmacy Corps in which they are presently detailed. Therefore, we must make provisions to have them transferred to the new Medical Service Corps.

(c) Authorizes the Secretary of War to prescribe such regulations

as are necessary to implement this title.

(d) Is a routine wording for all Army legislation, that no back pay accrues by reason of the enactment here.

(c) Abolishes any laws which are inconsistent or in conflict with title I of the act.

Mrs. Smith. Are there any questions on section 107? Mr. Bates? Mr. Bates. No.

Mrs. Smith. Mr. Durham? Mr. Durham. No questions.

Mrs. Smith. Without objection, we will continue and read title II, Navy Medical Service Corps, at this time. Captain Nunn.

Captain Nunn. Beginning on page 7:

SEC. 201. Effective the date of enactment of this Act, there is established in the Medical Department of the United States Navy a Medical Service Corps which shall consist of the Pharmacy, Supply and Administrative Section, the Medical Allied Sciences Section, the Optometry Section, and such other sections as may be deemed necessary by the Secretary of the Navy. The authorized strength of the Medical Service Corps shall be four per centum of the authorized strength of the Hospital Corps. The Medical Service Corps shall consist of officers in the grades of ensign to captain, inclusive, and such officers shall take precedence next after Dental officers: Provided, That the number of captains on active duty in the Medical Service Corps, exclusive of extra numbers, shall at no time exceed two per centum of the authorized strength of such corps.

This is similar to section 101, which established for the Army a Medical Service Corps. This section establishes such a corps for the Navy, with similar provisions. It establishes the strength of the corps and provides for their precedence next after officers of the Dental Corps and places a limit of 2 percent on the number of captains who may be on the active list at any one time.

Mrs. Smith. Are there any questions on section 201?

Section 202, Captain Nunn.

Captuin Nunn. Madam Chairman, shall I suggest amendments as I read each section?

Mrs. Smith. Yes, if you please.

Captain Nunn. In section 201, on page 7, line 6, we describe a section as "the Pharmacy, Supply and Administrative Section." note that the Army employs the word "administration." I think we may as well change ours to "administration," rather than "Administrative." Then they will be exactly identical.

Mrs. Smith. Is either grammatical?

Captain Nunn. Either is correct, I believe.

Mrs. Smith. Without objection, the correction will be made as

Captain Nunn suggests.

Captain Nunn. Now, in line 10 on page 7, the authorized strength of the Medical Service Corps shall be 4 percent of the authorized strength of the Hospital Corps of the Navy. We based the strength of this Medical Service Corps in our original bill on the Hospital Corps and we have carried it over into this act.

Now that we have the Medical Allied Sciences and other categories in one bill, the Bureau of Personnel tells me it would be much easier to administer if we were to base the authorized strength of the Medical Service Corps upon the strength of the Medical Corps of the Navy, rather than the Hospital Corps. To come out with almost exactly the same numerical strength, with an amendment, I suggest that the sentence beginning on line 9 be changed to read:

The authorized strength of the Medical Service Corps shall be 20 per centum of the authorize strength of the Medical Corps of the Navy.

As the bill is printed, with the strength based upon 4 percent of the authorized strength of the Hospital Corps, we would come out with 840 members of the corps.

With the strength based as I suggest, on 20 percent of the Medical Corps of the Navy, we would come out with a total corps of 863, or a

gain of 23 officers.

Mrs. Smith. Are there any further suggestions, Captain Nunn?

Captain Nunn. Yes, Madam Chairman.

In lines 13 and 14, it is provided that such officers shall take precedence next after dental officers. That is unfortunate language, for which I accept responsibility. That language would cause a captain in the Medical Service Corps to take precedence after a lieutenant, junior grade, of the Dental Corps. That is my fault. I would like to suggest a remedy to that. For the language on lines 13 and 14, in which it is stated that such officers shall take precedence next after dental officers, we substitute for that this language:

The first proviso of section 4 of the Act of June 10, 1926, 44 statutes at large 719, as amended, is hereby further amended to read as follows: That except as otherwise provided herein, officers having the same rank and same date of precedence in that rank shall take precedence in the following order: (a) line officers, (b) medical officers, (c) supply officers, (d) chaplains, (e) civil engineers, (f) dental officers, (g) medical service officers, and (h) officers of the Nurse Corps.

Mr. RIVERS. Just why do you do that?

Captain Nunn. What I have just read and suggested as an amendment is that existing law provides, except that it stops with dental officers, you see.

Mr. RIVERS. I thought dental officers ranked with the medical

officers now.

Captain Nunn. No, sir. These seniorities here are based upon the chronological order in which the corps were established. The next corps senior in point of precedence after the line is the Medical Corps.

Mr. Rivers. You mean date of institution of the corps?

Captain Nunn. That is right. So we find the Dental Corps which was at the end, now followed by the Medical Service Corps, which is a corps of male officers, and then we put on to the end of that the Nurse Corps. That is my suggestion.

Mr. Rivers. What was the date of institution of the Dental Corps,

do vou know?

Captain Nunn. No, sir, I am sorry, I don't. I could find it.

Mr. Rivers. It just goes back a year or two ago, when we established it.

Captain Nunn. Oh, no, sir.

Mr. Rivers. We had some sort of a legislative -

Captain Nunn. You gave them administrative autonomy last year.

Mr. GAVIN. What do you propose now, Captain?

Captain Nunn. I propose now, sir, to alter existing law which provides for the precedence as between the corps, by bringing in the Medical Service Corps after the Dental Corps and the Nurse Corps after the Medical Service Corps.

Mr. BATES. Madam Chairman-

Mrs. Smith. Mr. Bates.

Mr. Bates. Captain, is there a distinction between the term

"Medical Department" and "Medical Corps of the Navy"?
Captain Nunn. Yes, sir. The Medical Department consists of all personnel and facilities. It is an all-embracing term, which in-

cludes all of our medical facilities, our hospitals, our hospital ships, our doctors, our dentists, our nurses, our corpsmen, our enlisted men all of them.

Mr. Bates, Now, your Medical Corps is a commissioned branch. is that it?

Captain Nunn. Yes, sir.

Mr. Bates. I notice in the section here you have "Medical Department," and "Medical Service Corps." That 20 percent that you speak of applies to the strength of the Medical Corps?
Captain Nunn. Yes, sir. Those are the doctor officers.

Mr. Bates. Instead of the Medical Department?

Captain Nunn. Yes, sir.

Mr. Bates. That is why I asked the question.

Captain Nunn. Yes, sir. Mr. BATES. That is all.

Mr. RIVERS. Therefore, if you have any inconsistencies in your proposed amendment, whereby you list and catalog the sequence as from the date of institution, if anything is in error, it is a mistake of the mind and not of the heart, is that it?

Captain Nunn. Yes, sir.

Mr. RIVERS. All right, I accept it.

Mrs. Smith. Do you have any further suggestions. Captain Nunn.

on that section?

Captain Nunn. Yes, Madam Chairman. In lines 14 to 17, there is a proviso in—which provides that the number of captains on active duty, exclusive of extra numbers, shall not exceed 2 percent of the authorized corps. This would be at variance with the provisions of existing law and proposed law contained in the promotion bill relating to the allowed number of officers in any grade. We have had in the past difficulty in places where similar language was employed. Also the language employed here would absolutely prevent our ever employing a retired captain of the Medical Service Corps on active duty, regardless of the emergency which might confront us. I have the following language to suggest, which will keep us to the 2 percent limit, but will avoid administrative difficulties and would permit us to employ retired captains in the Medical Service Corps in active duty. I suggest the proviso be changed to provide that the-

authorized number of captains on the active list of the Medical Service Corps shall equal two per centum of the total number of officers on the active list of that corps at any one time. A computation to determine such authorized number shall be made by the Secretary of the Navy as of January 1 of each year and the resulting number as so computed shall be held and considered for all purposes as the authorized number until a subsequent computation shall be made.

Mrs. Smith. Are there any questions?

Mr. Bates. You don't think that is superfluous language, Captain? Captain Nunn. No, sir, I don't think it is, Mr. Bates. It sounds complicated, but in administering the thing I believe we can do it satisfactorily under this language, whereas we couldn't very well under the proviso as now drafted, sir. We can't have more than 2 percent. We want 2 percent, because we feel that is all we can employ. There is no need of exceeding it and allowing 4 percent captains or 6 percent captains, or whatever the line differential is. We don't need that.

Mr. Durham. I move adoption of the amendment.

Mrs. Smith. Without objection, the corrections will be made and the amendments accepted to section 201 as read by Captain Nunn. Section 202. Captain. Captain Nunn (reading):

Sec. 202. Officers of the Medical Service Corps shall be staff officers and shall be subject to all provisions of law now existing or hereafter enacted relating to the advancement in rank and retirement of other staff officers, with the exception of the provisions relating to the composition of selection boards for staff officers. Boards for selection of officers of the Medical Service Corps for recommendation for advancement in rank shall be composed of not less than six nor more than nine officers of the Medical Corps not below the rank of captain: *Provided*, That in case there be not a sufficient number of officers of the Medical Corps legally or physically capacitated to serve on such board as herein provided, officers of the line on the active list above the rank of commander shall be detailed to duty on such board to constitute the required minimum membership.

Mr. Durham. Why do you use the word "capacitated"? Does that have any meaning?

Mr. GAVIN. It sounds good, anyway,

Captain Nunn. No, sir; Mr. Durham. It is just descriptive of the type of officer who may sit. Similar language is already in existing law regarding our selection boards in other corps. It is more or less copied from that.

Mr. RIVERS. This section makes it consistent and also gives them

the running-mate guaranty.

Captain Nunn. Yes, sir; it does. It makes them officers of a staff corps and all the provisions of law now existing or hereafter enacted will be applicable to them, except in the case of this selective-board composition.

. Mr. RIVERS. You would set that up separately?

Captain Nunn. Yes, sir; we make separate provision in here for that.

Mr. RIVERS. That is the only difference; is it not?

Captain Nunn. Yes, sir. If I may suggest an amendment now, in view of the fact that we hope to have different provisions of law relating to the different staff corps in the future-

Mr. Durham. Do you think it is wise to use high-ranking officers

like captains altogether on this board?

Captain Nunn. Yes, sir; I think so. There would be admirals and captains.

Mr. Durham. Is that the regular procedure of other boards? Captain Nunn. Yes, sir. That follows the pattern of other selection boards.

Mr. RIVERS. What you have in mind is contemplated by the over-all

legislation now being considered?

Captain Nunn. Yes, sir. That bill would make different provisions of law applicable to the various staff corps, essential differences. So I would like to suggest, in line 21, on page 7, we strike out the word "staff" and after the word "officers" insert the words "of the Medical Corps of the Navy," so that whatever provisions under existing law or future law apply to officers of the Medical Corps will apply to these people. It may be we would have difficulty under this language of applying the principles of the Civil Engineer Corps to this corps. We would like to appy the principles of the Medical Corps to this corps.

Mr. Durham. If you change that, haven't you got to change

section 201, too?

Captain Nunn. No, sir, I don't believe there is any change necessary there, Mr. Durham.

Mr. Rivers. Then the Medical Corps has running mates, doesn't it?

Captain Nunn. Yes sir.

Mr. RIVERS. Of course, they are not forced out because of being passed over

Captain Nunn. Like a line officer, that is right.

Mr. RIVERS. Like a line officer.

Captain Nunn. Yes, sir.

Mr. RIVERS. Now, where are the running mates coming from for these boys?

Captain Nunn. These boys would be assigned running mates,

too, just like the medical officer.

Mr. RIVERS. Or the line officer?

Captain Nunn. Yes, sir. He would have a line running mate similar to the way a medical officer now has.

Mrs. Smith. Are there any further suggestions for that section,

Captain Nunn?

Captain Nunn. Yes, Madam Chairman. On page 8, in line 7, 1 suggest that we change the period to a colon and add the following proviso:

And provided further, that commanders of the Medical Service Corps be not involuntarily retired by reason of failure of selection for promotion until they shall have completed 30 years of service.

Mr. Durham. Doesn't the general law take care of that, Captain? Captain Nunn. No, sir, it won't, Mr. Durham. I make that suggestion at the request of the Bureau of Personnel because of the fact that in this corps the number of captains will be limited, whereas in other corps and in the line we will have under existing law four percent captains, or if the proposed bill is enacted, six percent captains, or perhaps some number in between, depending upon what Congress does, but these people will be limited to 2 percent because we don't need more than 2 percent. However, we feel that they should be given an opportunity to have a 30-year career, whereas commanders ordinarily would receive only a 26-year career.

Mrs. Smith. Are there any questions on this section?

Mr. Bates. Captain—pardon me, I know time is getting short and we want to speed this thing now. I have a brief question.

You say not involuntarily retired. Staff-corps officers today are

involuntarily retired, aren't they?

Captain Nunn. Yes, sir, by reason of nonselection in some grades

and in some corps, they are.

Mr. Bares. Yes. Now, under this proviso, in the Medical Corps, you say they cannot be involuntarily retired until they have served 30 years?

Captain Nunn. Yes, sir. They cannot be involuntarily retired by

reason of nonselection.

Mr. Bates. Well, now, why do you make a distinction, say, in the

Medical Corps as against all other staff corps and the line?

Captain Nunn. Well, sir, the reason I suggest this rather preferential-appearing treatment is that the commanders in this corps have a limited opportunity to become captains, because the number of captains is limited here to 2 percent.

Mr. Bates. Is this going to set a precedent, do you think, for the

other staff corps?

Captain Nunn. No, sir; I don't think it will, Mr Bates, because we are continually making different provisions for different staff corps in this matter at this time.

Mr. Bates. I see.

Captain Nunn. The basic difference being that a line officer has to be young and a staff corps officer may be somewhat older and do the same work.

Mr. RIVERS. None of these people are forced out because of being

passed over, anyway.

Mrs. Smith. They will come under the new promotion law.

Captain Nunn. Below the rank of commander, sir.

Mr. Rivers. Below the rank of commnader.

Captain Nunn. You are right: below the rank of commander. Mrs. Smith. Are there any further suggestions, Captain Nunn, on

that section?

Captain Nunn. No, Madam Chairman.

Mrs. Smith. Without objection, we will accept the recommended changes as amendments and go on with section 203.

Captain Nunn (reading):

Sec. 203. During the period that appointments to the Regular Navy may be made pursuant to Section 5 of the Act of April 18, 1946 (Public Law 347, 79th Congress, second session), all appointments to the Medical Service Corps shall be made in accordance with the provisions of said Act.

The act referred to is the act under which we not integrate Reserve officers into the Navy. As long as we are employing the provisions of that act to bring people in, we must do it under that act.

Mr. Durham. I move adoption.

Mrs. Smith. Any questions? No recommendations?

Captain Nunn (reading):

Sec. 204. All appointments in the Medical Service Corps, except those provided for in Section 203 of this Act, shall be in the grade of ensign from those persons serving as commissioned warrant or warrant officers of the Hospital Corps of the Regular Navy and from other persons who possess such physical and other qualifications for appointment as may be prescribed by the Secretary of the Navy: Provided, That appointments from sources other than the Regular Navy shall be made from persons who are graduates of recognized schools of Pharmacy or other schools or colleges with degrees in sciences allied to medicine or such degrees as may be approved by the Surgeon General: Provided further, That persons holding a doctorate degree in sciences allied to medicine approved by the Surgeon General at time of appointment in the Medical Service Corps may, subject to regulations to be prescribed by the Secretary of the Navy, be appointed under the provisions of this section unless he be a citizen of the United States between the ages of twenty-one and thirty-two years and until he shall have established his mental, moral, and professional qualifications to the satisfaction of the Secretary of the Navy.

Mr. Bates. Pardon me. No change in that.

Captain Nunn. No, sir.

Mr. Bates. Any question, Madam Chairman? Is there to be any change, say, in the facilities available for boys to go up the ladder, from what now exists?

Captain Nunn. No, sir. The provision for those boys is exactly

the same.

Mr. Bates. It wouldn't be made more difficult for them.

Captain Nunn. No, sir; no, indeed.

Mr. BATES. That is all right.

Colonel Kintz. Madam Chairman—

Mrs. Smith. Colonel Kintz.

Colonel Kintz. Captain Nunn, if you recall, I discussed on the telephone with you the use of the term "recognized schools of pharmacy"-

Captain Nunn. Oh, yes.
Colonel Kintz. And "accredited."

Captain Nunn. That is right.
Colonel Kintz. Now, when I read my section, I overlooked that I would like to bring that to your attention, Madam Chairman. The civilian pharmacy associations have requested that the word "accredited" be used in place of "recognized schools of pharmacy." We have no objection to that, if the Navy has no objection.

Captain Nunn. No; none at all.
Colonel Kintz. That is in the Army provision, on page 3, line 22. changing the word "recognized" to "accredited," and on page 8, line 23, changing the word "recognized" to "accredited.

Mr. PHILBIN. Pardon me—accredited by whom?

Colonel Kintz. They are accredited by the educational committee of the American Pharmaceutical Association. It is the same as we have in the American Medical Association. We have the council on hospitalization and training.

Mr. Philbin. There have been times when the accrediting has not been recognized by the armed forces with respect to doctors. wonder if the same situation obtains with respect to the pharmacists.

Colonel Kintz. We recognize and will accept the recommendations of the civilian educational group as to what is a recognized school, the same as we do for the American Medical Association.

Mr. Philbin. I understand that. Does the Navy do the same

thing at this time? Captain Nunn. Yes, sir.

Mr. Philbin. I mean, you do that with regard to doctors, pharmacists, and all other allied medical sciences?

Captain NUNN. I believe we do. Don't we, Admiral?

Admiral Brown. Yes, sir.

Mr. Philbin. I think there was a time when you did not. I mean,

during the war I think there was a time when you did not.

General Kirk. Those were not accredited schools, I think, you were thinking of. There was one up in Massachusetts that we had difficulty with. It wasn't accredited by the AMA.

Mr. Philbin. That may be the answer.

General Kirk. Yes, sir.

Mr. Bates. That is all.
Mrs. Smith. Without objection, the change will be made in both titles I and II, from the word "recognized" to the word "accredited."

Captain Nunn (reading):

Sec. 20%. All appointments in the Medical Service Corps shall be made by the President, by and with the advice and consent of the Senate.

Mr. Durham. I move adoption.

Mrs. Smith. Without objection, we will continue to section 206.

Captain Nunn (reading):

Sec. 206. The Secretary of the Navy, under such regulations as he may prescribe, may revoke the commission of any officer appointed pursuant to Section 204 of this Act in accordance with the provisions of Section 12 of the Act of August 13, 1946 (Public Law 729, Seventh-ninth Congress): Provided, That any officer whose commission is so revoked and who at the time of his appointment under Section 204 of this Act held permanent status as a commissioned warrant or warrant officer may be reappointed by the President without examination to such permanent status with the same lineal position and other rights and benefits which he would have had or would have attained in due course had he not been appointed in the Medical Service Corps.

Mr. Bates. I move adoption.

Mrs. Smith. Any questions? Without objection, continue to section 207.

Captain Nunn (reading):

Sec. 207. No officer of the Medical Service Corps shall be entitled to command in the line or any other staff corps of the Navy, nor shall any officer suffer reduction in pay or allowances by reason of appointment in accordance with this Act.

Mrs. Smith. Any questions?

Captain Nunn. Madam Chairman, I believe that the present language gives these appointees a guaranty that no one else has, and I would like to suggest that beginning with the word "nor" on line 6, and also lines 7 and 8, be changed to read as follows:

nor shall any such officer suffer reduction in pay and allowances to which entitled by virtue of his permanent status by reason of appointment in the Medical Service Corps established by this title.

Mr. Bates. Now, your explanation for the record, Captain.

Captain Nunn. Under the language as now drawn, an officer who had a high temporary rank and who upon his integration into the corps was required to drop back another rank, as all officers may be, the man who came into this corps would be guaranteed the pay and allowances of his ligher rank, whereas most other officers in the Navy who suffered a similar reduction would not. There would be a discrimination in his favor, possibly. This language I suggest would bring him into the same status as all other officers who come into the Navy from any source. I think that is what the language was intended to mean, anyway.

Mr. Bates. There is no precedent established by this language. What you are in fact doing is guaranteeing the pay of an officer who went into the service under certain definite conditions, say, a contract, verbal or otherwise, that he shall suffer no reduction in pay, even

though he may suffer reduction in rank; is that it?

Captain Nunn. We remove that guaranty.

Mr. Bates. Oh, you remove it?

Captain Nunn. Remove it; yes, sir.

Mr. Bates. I see.

Captain Nunn. He can suffer no reduction based upon his permanent status, which is the only guaranty any of the rest of us have.

Mr. Bates. That evens everybody off.

That is all.

Mrs. Smith. Any further questions?

Without objection it will be approved. Continue, please, Captain. Captain Nunn. (reading):

Sec. 208. All laws now existing or hereafter enacted relating to the various staff corps of the Navy shall be construed to include the Medical Service Corps, unless otherwise provided in this Act.

Mrs. Smith. Continue, Captain Nunn. Captain Nunn. (reading):

SEC. 209. The Secretary of the Navy is hereby authorized to prescribe the necessary regulations to carry out the provisions of this title.

Mrs. Smith. Are there any questions?

Without objection, we will continue with title III, the Hospital Corps of the Navy. Captain Nunn.

Mr. Bates. Skip the first paragraph, Captain. Captain Nunn. Yes, sir.

Mrs. Smrth. Without objection, you may continue.

Captain Nunn. I can save time by explaining a little bit. reenactment of existing law is necessary because of our desire to get away from the misnomer under which our pharmacists have always suffered. That is the only reason for it.

Mr. Durham. Madam Chairman, I move we not read this title—

unless there are some specific suggestions that the Captain has.

Captain Nunn. No, sir. The subparagraph (a) has the purpose

of changing the names and designations of Hospital Corps men.

Subparagraph (b) has the purpose of permitting original appointments in this corps to come from first-class petty officers as well as chief petty officers.

Mr. Bates. No change in section 302? Captain Nunn. No, sir; not at all.

Mr. BATES. I move the bill be favorably reported.

Mrs. Smith. Any questions? Mr. Durham.

Mr. Durham. I would like to insert in the record the Pharmacy Act, which explains fully of course what we are abolishing here in this bill.

Mrs. Smith. Without objection, the act will be inserted in the record at this point.

(The act referred to above is as follows:)

[Public Law 130-78th Congress]

[CHAPTER 216-1st Session]

[H. R. 997]

AN ACT To establish in the Medical Department of the Army a corps to be known as the Pharmacy Corps,

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled. That there is hereby established in the Medical Department of the Army a corps to be known as the "Pharmacy Corps." The Pharmacy Corps shall consist of seventy-two officers in grades from colonel to second lieutenant, inclusive. Appointments in the Pharmacy Corps, except as hereinafter provided for transfer thereto, shall be made in the grade of second lieutenant from pharmacists between the ages of twenty-one and thirty-two years who are graduates of recognized schools or colleges of pharmacy requiring four years of instruction for graduation, under such regulations and after such examinations as the Secretary of War shall prescribe. An officer of the Pharmacy Corps shall be promoted to the grade of first lieutenant after three years' service, to the grade of captain after six years' service, to the grade of major after twelve years' service, to the grade of lieutenant colonel after twenty years' service, and to the grade of colonel after twenty-four years' service: *Provided*. That officers of the Regular Army holding commissions in the Medical Administrative Corps on the date of enactment of this Act shall be transferred to the Pharmacy Corps and commissioned in grade in such corps in addition to the seventy-two officers authorized for the corps.

SEC. 4. The first and second provisos of Section 47c of the National Defense Act of June 3, 1916, as amended, are amended to read as follows: "Provided, That any medical, dental, pharmacy or veterinary student may be admitted to a Medical, Dental, Pharmacy, or Veterinary Corps unit of the Reserve Officers' Training Corps for a course of training at the rate of ninety hours of instruction per annum for the four college years, and if at the end of two years of such training he has been selected by the professor of military science and tactics and the head of the institution for advanced training, and has agreed in writing to continue in the Reserve Officers' Training Corps for the remainder of his course at the institution, and has agreed in writing to pursue the course in camp training prescribed by the Secretary of War, he may be furnished, at the expense of the United States, with commutation of subsistence at such rate not exceeding the cost of the garrison ration prescribed for the Army, as may be fixed by the Secretary of War, during the remainder of his service in the Reserve Officers' Training Corps, not exceeding two years: Provided further, That any Reserve officer who is also a medical, dental, pharmacy, or veterinary student may be admitted to such Medical, Dental, Pharmacy, or Veterinary Corps Unit for such training under such rules and regulations as the Secretary of War may prescribe:"

Approved July 12, 1943.

Mrs. Smith. Now, are there any questions on any part of the bill? Any objections?

Mr. Durham. Madam Chairman, I am going to vote on this with the further right to introduce amendments before the full committee.

Mr. Bates. Will the member suggest any amendments that we

might go along on?

Mr. Durham. I have been suggesting amendments all the time. I may have others, but I don't know now. That is the reason I am reserving that right.

Mr. Bates. If the member has any specific thoughts in mind, I would like to have them. I think we ought to come out with a bill that is as clear as we possibly can make it.

Mr. Durham. I propose to go along with that, too, but I don't know

that I will introduce them.

Mr. BATES, I sec.

Mr. RIVERS. I should also like to make the same reservation. I will take it and sleep with it in my heart. I will follow that course in whatever I decide.

Mrs. Smith. Without objection, the bill as amended will be approved as read, and H. R. 3215 will be reported to the full committee at its next session. At the request of Mr. Gavin and Mr. Blackney their written proxies for favorable consideration of H. R. 3215 are so cast.

I do want to take this opportunity to thank you gentlemen again very, very much for getting this bill in its present form and assisting us this morning. General Kirk, I understand you are leaving next week. We are going to miss you. Please take with you our good wishes for a much-deserved rest.

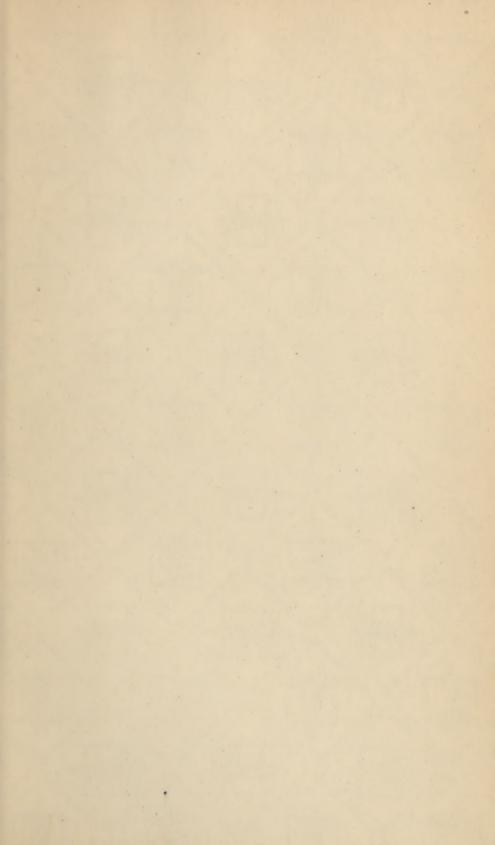
General Kirk. Thank you, Madam Chairman.

Mr. Bates. I think you did an exceptionally good job.

Mr. Philbin. Excellent. Very good, Captain.

Captain Nunn. Thank you, sir.

Mrs. Smith. The committee will adjourn until further call.







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